


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90006 014 \*\*\*\*61.25

**DOCUMENT # 760098**  
1. Entity Name  
**SOCIETY OF ST. PIUS X, DAVIE, FLA., INC.**



Principal Place of Business  
**4590 S.W. 65TH AVENUE  
DAVIE, FL 33314**

Mailing Address  
**11485 N. FARLEY RD.  
PLATTE CITY, MO 64079**

40011300



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

01212008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**74-2245092**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**AUCONE, GERALDINE MISS / aldo Director**  
**419 SHADOW WOOD LANE**  
**CORAL SPRINGS, FL 33071**

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent: signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMIDBERGER, FRANZ SCHOLOSS JAIDHOF MENZINGEN, SWITZERLAND, ch6313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Pfleuger, Niklaus Schloss Schwandegg Menzingen, SWITZERLAND CH6313 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELLAY, BERNARD CH-6313 MENZINGEN, SWITZERLAND, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Schloss Schwandegg Menzingen, SWITZERLAND CH6313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SELEGNY, ARNAUD CH-6313 MENZINGEN, SWITZERLAND, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Schloss Schwandegg Menzingen, SWITZERLAND CH6313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D BAUDOT, FR. EMERIC CH-6313 MENZINGEN, SWITZERLAND, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Schloss Schwandegg Menzingen, SWITZERLAND CH6313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/PS FULLERTON, FR. JOHN D 2918 TRACY AVE. KANSAS CITY, MO 64109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11485 N. Farley Rd. Platte City, MO 64079
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRANE, PATRICK J FR 2918 TRACY AVE KANSAS CITY, MO 64109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11485 N. Farley Rd. Platte City, MO 64079

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.

**SIGNATURE:** \_\_\_\_\_ **21 Jan 2008** **816-753-0073**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #