

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764453

FILED
Jan 15, 2004
Secretary of State

Entity Name: MYSTICAL ROSE PRAESIDIUM OF THE LEGION OF MARY, INC.

Current Principal Place of Business:

129 ALMERIA AVE
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 381752
MIAMI, FL 332381752 US

New Mailing Address:

FEI Number: 59-0761894

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEELE, MARK N
19281 HOLIDAY RD
MIAMI, FL 33157

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STEELE, MARK
Address: 19281 HOLIDAY RD
City-St-Zip: MIAMI, FL 33157

Title: V () Delete
Name: ANNIS, MARGARET
Address: 379 NE 94TH STREET
City-St-Zip: MIAMI, FL 33138

Title: T () Delete
Name: BUCKLEY, BRIAN
Address: 13627 SW 117 LANE
City-St-Zip: MIAMI, FL 33186

Title: SD () Delete
Name: SOULLIERE, RICHARD REV
Address: P.O BOX 221937
City-St-Zip: HOLLYWOOD, FL 33022

Title: S () Delete
Name: CHIN, MADGE
Address: 95 NE 128TH STREET
City-St-Zip: MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK N STEEL

PD

01/15/2004

Electronic Signature of Signing Officer or Director

Date