


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 764453
1. Entity Name
MYSTICAL ROSE PRAESIDIUM OF THE LEGION OF MARY, INC.



Principal Place of Business Mailing Address
129 ALMERIA AVE P.O. BOX 381752
CORAL GABLES, FL 33134 US MIAMI, FL 33238-1752 US



02062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-0761894 Not Applicable

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

6. Name and Address of Current Registered Agent
STEELE, MARK N
19281 HOLIDAY RD
MIAMI, FL 33157

DO NOT WRITE IN THIS SPACE

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

Filing Fee is \$61.25 Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEELE, MARK 19281 HOLIDAY RD MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANNIS, MARGARET 379 NE 94TH STREET MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUCKLEY, BRIAN 13627 SW 117 LANE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOULLIERE, RICHARD REV P.O BOX 221937 HOLLYWOOD, FL 33022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHIN, MADGE 95 NE 128TH STREET MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000224127
02/10/05-80070-012 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 all other like empowered.

SIGNATURE: Brian Buckley FEB 7, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #