## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#764453** 

FILED May 16, 2006 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 

129 ALMERIA AVE

CORAL GABLES, FL 33134 US

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 381752

MIAMI, FL 332381752 US

FEI Number: 59-0761894 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STEELE, MARK N ANNIS, MARGARET

19281 HOLIDAY RD 5000 NE QUAYSIDE TERRACE MIAMI, FL 33157 MIAMI, FL 33138

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: MARGARET ANNIS 05/16/2006

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

STEELE, MARK ANNIS, MARGARET Name: Name: 19281 HOLIDAY RD Address: 5000 NE QUAYSIE TERRACE Address:

City-St-Zip: MIAMI, FL 33157 City-St-Zip: MIAMI, FL

Title: () Delete Title: (X) Change ( ) Addition

Name: ANNIS, MARGARET Name: STEELE, MARGARET Address: 379 NE 94TH STREET Address: 19281 HOLIDAY ROAD City-St-Zip: MIAMI, FL 33138 City-St-Zip: MIAMI, FL 33157

Title: () Delete Title: () Change () Addition

BUCKLEY, BRIAN Name: Name: 13627 SW 117 LANE Address: Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip:

( ) Delete Title: SD Title: () Change () Addition

SOULLIERE, RICHARD REV Name: Name: P.O BOX 221937 Address: Address: City-St-Zip: HOLLYWOOD, FL 33022 City-St-Zip:

Title: Title: () Delete () Change () Addition

CHIN, MADGE Name: Name: 95 NE 128TH STREET Address: Address: City-St-Zip: MIAMI, FL 33161 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: BRIAN BUCKLEY Т 05/16/2006