

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765217

FILED
Apr 27, 2009
Secretary of State

Entity Name: PAX CHRISTI FLORIDA, INC.

Current Principal Place of Business:

505 PALM AVENUE
ELLENTON, FL 34222 US

New Principal Place of Business:

Current Mailing Address:

505 PALM AVENUE
ELLENTON, FL 34222 US

New Mailing Address:

FEI Number: 59-2259456 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BREYER, LEE J DR.
505 PALM AVENUE
ELLENTON, FL 34222 US

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: DP () Delete
Name: RICHARDSON, BARBARA A
Address: 442 33RD STREET
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: VD () Delete
Name: BREYER, CAROL ANN DR.
Address: 505 PALM AVENUE
City-St-Zip: ELLENTON, FL 34222 .

Title: TD () Delete
Name: BREYER, LEE DR.
Address: 505 PALM AVENUE
City-St-Zip: ELLENTON, FL 34222 US

Title: PPD () Delete
Name: DORNEY-O'CONNELL, MAUREEN
Address: 4855A EQUESTRIAN ROAD
City-St-Zip: BOYNTON BEACH, FL 33436

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PPD (X) Change () Addition
Name: BREYER, CAROL ANN DR.
Address: 505 PALM AVENUE
City-St-Zip: ELLENTON, FL 34222 US

Title: TD (X) Change () Addition
Name: BREYER, LEE J DR.
Address: 505 PALM AVENUE
City-St-Zip: ELLENTON, FL 34222 US

Title: (X) Change () Addition
Name: DORNEY-O'CONNELL, MAUREEN
Address: 4855A EQUESTRIAN ROAD
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: VD () Change (X) Addition
Name: PHYLLIS, JEPSON
Address: 442 33RD STREET
City-St-Zip: WEST PALM BEACH, FL 33407 US

I hereby certify that the information supplied with this filing does not qualify 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: DR. LEE J. BREYER

TD

04/27/2009

Electronic Signature of Signing Officer or Director

Date