

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90019 021 ****61.25

DOCUMENT # 765217

1. Entity Name

PAX CHRISTI FLORIDA, INC.



Principal Place of Business

**4855A EQUESTRIAN RD
BOYNTON BEACH FL 33436
US**

Mailing Address

**4855A EQUESTRIAN RD
BOYNTON BEACH FL 33436
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2259456**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DORNEY, MAUREEN
4855A EQUESTRIAN RD
BOYNTON BEACH FL 33436-4310**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE _____

FILE NOW: FEE IS \$61.25

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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	DP	DORNEY, MAUREEN	4855A EQUESTRIAN RD BOYNTON BEACH FL 33436-4310	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	DV	SWENSON, INGRID	2465 TRACY LANE DELTONA FL 32738	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	DT	O'NEILL, BARBARA	2430 WILMHURST RD DELAND FL 32720	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	DS	O'NEILL, MICHAEL	2430 WILMHURST ROAD DELAND FL 32720	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	DM	DORNEY, MAUREEN	4855 A EQUESTRIAN RD BOYNTON BEACH FL 33436-4310	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>		DD	CAROL ANN BREYER	P.O. BOX 225 ELLENTON, FL 34222	<input type="checkbox"/>	<input checked="" type="checkbox"/>

CR2E037 (10/02)

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **MAUREEN DORNEY** Date: **1/5/03** Phone: **561-731-4605**