

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90086 011 \*\*\*\*61.25

**DOCUMENT # 839640**

1. Entity Name  
**AMERICAN ASSOCIATION OF THE ORDER OF ST.  
LAZARUS, INC.**



Principal Place of Business  
**C/O MITCHELL LATHROP  
101 WEST BROADWAY, 9TH FL  
SAN DIEGO, CA 92101-8285 US**

Mailing Address  
**C/O MITCHELL LATHROP  
101 WEST BROADWAY, 9TH FL  
SAN DIEGO, CA 92101-8285 US**

**60044700**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02262007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**23-7230009**

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

**REYNOLDS, SHERMAN B  
1011 LISBON STREET  
  
CORAL GABLES, FL 33134**

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	<del>VON LEBEN, HANS</del>	
STREET ADDRESS	<del>259 TILDEN AVENUE</del>	
CITY - ST - ZIP	<del>LOS ANGELES, CA 900403206</del>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GOGGIN, JOHN E	
STREET ADDRESS	1246 LATHROP	
CITY - ST - ZIP	RIVER FOREST, IL 603051849	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	LATHROP, MITCHELL L.	
STREET ADDRESS	101 W BROADWAY, STE 900	
CITY - ST - ZIP	SAN DIEGO, CA 921018285	
TITLE	TD	<input type="checkbox"/> Delete
NAME	THOMPSON, SCOTT G.	
STREET ADDRESS	421 HOLLYDALE CT.	
CITY - ST - ZIP	ATLANTA, GA 303423631	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRINGTON, BRUCE	
STREET ADDRESS	3608 OVERBROOK LANE	
CITY - ST - ZIP	HOUSTON, TX 77027-2148	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an officer like empowered.

SIGNATURE:

*Michael L. Thompson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 13, 2007 619-744-2222

Date

Daytime Phone #