


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 857602 1. Entity Name ORDER OF FRIARS MINOR, PROVINCE OF THE MOST HOLY NAME, INC.	
--	---

Principal Place of Business 158 W 27TH ST. 6TH FLOOR NEW YORK, NY 10001-6216	Mailing Address 158 W 27TH ST. 6TH FLOOR NEW YORK, NY 10001-6216
--	--



01072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-5300606	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARQUARDT, EMIL C JR MACFARLENE FERGUSON & MCMULLEN 625 COURT STREE, 2ND FLOOR CLEARWATER, FL 33756	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 _____ (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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FELICE, JOHN M 126 W. 32ND STREET NEW YORK, NY 10001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLER, CHARLES J 126 W. 32ND STREET NEW YORK, NY 10001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILSON, DENNIS M 126 W. 32ND STREET NEW YORK, NY 10001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COUGHLIN, F E 126 W. 32ND STREET NEW YORK, NY 10001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000216203
02/05/05-80037-024 70.00

**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: J. Edward Orylles, Jr. 1/17/05 212-924-1451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #