

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90198 005 \*\*\*\*70.00

**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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

13-5300606

Applied For

Not Applicable

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

**MARQUARDT, EMIL C JR  
MACFARLENE FERGUSON & MCMULLEN  
625 COURT STREE, 2ND FLOOR  
CLEARWATER FL 33756**

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 renewing)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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

TITLE **P** ☒ Delete  
NAME **FELICE, JOHN M**  
STREET ADDRESS **126 W. 32ND STREET**  
CITY- ST- ZIP **NEW YORK NY 10001**

TITLE **V** ☒ Delete  
NAME **MILLER, CHARLES J**  
STREET ADDRESS **126 W. 32ND STREET**  
CITY- ST- ZIP **NEW YORK NY 10001**

TITLE **T** ☒ Delete  
NAME **WILSON, DENNIS M**  
STREET ADDRESS **126 W. 32ND STREET**  
CITY- ST- ZIP **NEW YORK NY 10001**

TITLE **S** ☒ Delete  
NAME **COUGHLIN, F E**  
STREET ADDRESS **126 W. 32ND STREET**  
CITY- ST- ZIP **NEW YORK NY 10001**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME **O'Connor, John F.**  
STREET ADDRESS **158 West 27 Street, 6th floor**  
CITY- ST- ZIP **New York, NY 10001-6216**

TITLE ☒ Change ☐ Addition  
NAME **Monti, Dominic V.**  
STREET ADDRESS **158 West 27th Street, 6th floor**  
CITY- ST- ZIP **New York, NY 10001-6216**

TITLE ☒ Change ☐ Addition  
NAME **Wilson, Dennis M.**  
STREET ADDRESS **158 West 27th Street, 6th floor**  
CITY- ST- ZIP **New York, NY 10001-6216**

TITLE ☒ Change ☐ Addition  
NAME **Harlan, Michael J.**  
STREET ADDRESS **158 West 27th Street, 6th floor**  
CITY- ST- ZIP **New York, NY 10001-6216**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ 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 Section 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 all other like empowered.

**Michael J. Harlan**

**SIGNATURE:**

*Michael J. Harlan*

**April 27, 2006**

**212-924-1451**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #