

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2008 8:00 am
Secretary of State

08-12-2008 90025 014 ****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 - No P.O. Box #

129 W. 31st St.

Suite, Apt. #, etc.
2nd Floor

City & State
New York, NY

Zip Country
10001-3403 U.S.

3. Mailing Address

129 W. 31st St.

Suite, Apt. #, etc.
2nd Floor

City & State
New York, NY

Zip Country
10001-3403 U.S.

07252008 Chg-NP CR2E037 (12/06)

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

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

7. Name and Address of New Registered Agent

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 September 12, 2008

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 | <input type="checkbox"/> Delete |
| NAME | O'CONNER, JOHN F | |
| STREET ADDRESS | 158 W 27 ST 6TH FL | |
| CITY ST ZIP | NEW YORK, NY 100016216 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | MONTI, DOMINIC V | |
| STREET ADDRESS | 158 W 27TH ST 6TH FL | |
| CITY ST ZIP | NEW YORK, NY 100016216 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | WILSON, DENNIS M | |
| STREET ADDRESS | 158 W 27TH ST 6TH FL | |
| CITY ST ZIP | NEW YORK, NY 100016216 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | HARLAN, MICHAEL J | |
| STREET ADDRESS | 158 W 27TH ST 6TH FL | |
| CITY ST ZIP | NEW YORK, NY 100016216 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY ST ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY ST ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | O'Connor, John F |
| STREET ADDRESS | 129 W. 31st, 2nd FL |
| CITY ST ZIP | New York, NY 10001-3403 |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 129 W. 31st, 2nd FL |
| STREET ADDRESS | New York, NY 10001-3403 |
| CITY ST ZIP | |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 129 W. 31st, 2nd FL |
| STREET ADDRESS | New York, NY 10001-3403 |
| CITY ST ZIP | |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 129 W 31ST, 2nd FL |
| STREET ADDRESS | New York, NY 10001-3403 |
| 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 all other like empowered.

SIGNATURE:

Michael J. Harlan
Michael J. Harlan

August 6, 2008
Date
646-473-0265
Daytime Phone #