


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90222 011 \*\*\*\*61.25

<b>DOCUMENT # C10011</b> 1. Entity Name <b>ORDER OF SAINT BENEDICT OF FLORIDA</b>					
Principal Place of Business <b>33601 SR 52</b> <b>ST. LEO, FL 33574 US</b>			Mailing Address <b>P.O. BOX 2350</b> <b>ST LEO, FL 33574-2350 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WENDEL, JOHN F</b> <b>225 E LEMON STREET</b> <b>SUITE 351</b> <b>LAKELAND, FL 33806</b>				Name  Street Address (P.O. Box Number is Not Acceptable)   City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
				<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>DUQUESNAY, DAMIAN</b> <b>33601 SR 52</b> <b>SAINT LEO, FL 33574</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>ST LEO, FL 33574</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>VELTEN, ROBERT</b> <b>33601 SR 52</b> <b>ST LEO, FL 33574</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>STEINWACHS, BONIFACE</b> <b>33601 SR 52</b> <b>ST LEO, FL 33574</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>STEINWACHS, DAVID</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>HALLETT, JAMES</b> <b>33601 SR 52</b> <b>ST LEO, FL 33574</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CAMACHO, ISAAC</b> <b>33601 SR 52</b> <b>SAINT LEO, FL 33574</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>ST LEO, FL 33574</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>THEODORE, MUKASA</b> <b>33601 SR 52</b> <b>ST. LEO, FL 33574</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Hoge, James</b> <b>33601 SR 52</b> <b>ST LEO, FL 33574</b>	
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: <u>Robert Velten</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				ROBERT VELTEN 352-588-8626 4-24-06	