

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10011

FILED
Jan 15, 2009
Secretary of State

Entity Name: ORDER OF SAINT BENEDICT OF FLORIDA

Current Principal Place of Business:

33601 SR 52
ST. LEO, FL 33574 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2350
ST LEO, FL 335742350 US

New Mailing Address:

FEI Number: 59-0737897

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WENDEL, JOHN F
225 E LEMON STREET
SUITE 351
LAKELAND, FL 33806 US

Name and Address of New Registered Agent:

WYNNE, LYNDIA M
33601 SR 52
ST. LEO, FL 335742350 US

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.

SIGNATURE: LYNDIA M. WYNNE

01/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAMACHO, ISAAC
Address: 33601 SR 52
City-St-Zip: SAINT LEO, FL 33574

Title: VD () Delete
Name: CLARKE, MATTHEW
Address: 33601 SR 52
City-St-Zip: ST LEO, FL 33574

Title: SD () Delete
Name: STEINWACHS, DAVID
Address: 33601 SR 52
City-St-Zip: ST LEO, FL 33574

Title: TD (X) Delete
Name: HALLETT, JAMES
Address: 33601 SR 52
City-St-Zip: ST LEO, FL 33574

Title: D (X) Delete
Name: DUQUESNAY, DAMIAN
Address: 33601 SR 52
City-St-Zip: SAINT LEO, FL 33574

Title: D (X) Delete
Name: AUGUSTIN, FELIX
Address: 33601 SR 52
City-St-Zip: ST. LEO, FL 33574

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISAAC CAMACHO

PD

01/15/2009

Electronic Signature of Signing Officer or Director

Date