

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # F02000004613

1. Entity Name
CROSIER FATHERS OF ONAMIA, INC.



Principal Place of Business
**104 CROSIER DRIVE NORTH
ONAMIA, MN 56359**

Mailing Address
**P.O. BOX 500
ONAMIA, MN 56359**



01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HINES, CAROL M
2490 GLOW WOOD COURT
MIDDLEBURG, FL 32068-4289**

**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

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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000589200
01/18/07-80005-013 61.25**

10. OFFICERS AND DIRECTORS

TITLE
P
NAME
HOLL, REV. KERMIT M O.S.C
STREET ADDRESS
104 CROSIER DR. N.
CITY-ST-ZIP
ONAMIA, MN 56359

TITLE
VD
NAME
KUNKEL, CHARLES W O.S.C.
STREET ADDRESS
104 CROSIER DRIVE NORTH
CITY-ST-ZIP
ONAMIA, MN 56359

TITLE
STD
NAME
DONNNAY, DAVID REV.
STREET ADDRESS
3500 VIVIAN AVE
CITY-ST-ZIP
SHOREVIEW, MN 55126

TITLE
D
NAME
VERLEY, JUDE
STREET ADDRESS
104 CROSIER DRIVE NORTH
CITY-ST-ZIP
ONAMIA, MN 563590500

TITLE
D
NAME
BECKER, REV. ALBERT O.S.C
STREET ADDRESS
104 CROSIER DR.
CITY-ST-ZIP
ONAMIA, MN 563590500

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-2007

Date

320-532-3103

Daytime Phone #