


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

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # F06000000100</b><br>1. Entity Name<br>CONFRATERNITY OF OUR LADY QUEEN OF PEACE<br>CORPORATION |  |
|---|---|

|   |  |
|---|--|
| Principal Place of Business<br><b>800 ST JOSEPH DR<br/>STEUBENVILLE, OH 43952</b> | Mailing Address<br><b>P.O. BOX 1028<br/>STEUBENVILLE, OH 43952</b> |
|---|--|

**DO NOT WRITE IN THIS SPACE**



01112007 No Chg-NP CR2E037 (4/06)

|   |  |
|---|--|
| 4. FEI Number<br><b>52-2419653</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional<br/>Fee Required</b> |  |

6. Name and Address of Current Registered Agent

**SEELINGER, JAMES L  
2745 OMEGA PL  
N PALM BCH, FL 33408**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
|---|--|

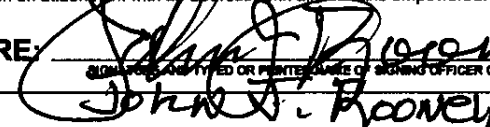
10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PS<br/>ROONEY, JOHN J<br/>800 ST JOSEPH DR<br/>STEUBENVILLE, OH 43952</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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05/17/07-80027-019 61.25

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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:**   
\_\_\_\_\_  
John J. Rooney Director Date **4/26/07** Daytime Phone **702-82-9422**