## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F08000002886

FILED Feb 17, 2009 Secretary of State

Entity Name: SOCIETY OF KING CHARLES THE MARTYR, INCORPORATED

**Current Principal Place of Business: New Principal Place of Business:** 5500 FRIENDSHIP BLVD., SUITE 2009-N CHEVY CHASE, MD 20815 **Current Mailing Address: New Mailing Address:** 5500 FRIENDSHIP BLVD., SUITE 2009-N CHEVY CHASE, MD 20815 FEI Number: 26-2439076 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GARDNER, WILLIAM M JR 6152 VERDE TRLN, APT. D211 BOCA RATON, FL 334332487 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WUONOLA, MARK A Name: Name: 80 HOPE AVE., APT. 317 Address: Address: City-St-Zip: WALTHAM, MA 02453 City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete GARDNER, WILLIAM M JR. Name: GARDNER, WILLIAM M JR. Name: Address: 6152 VERDE TRL N. APT. D211 Address: 6152 VERDE TRL N. APT. D211 City-St-Zip: BOCA RATON, FL 334332487 City-St-Zip: BOCA RATON, FL 334332487 Title: () Delete Title: DS (X) Change ( ) Addition RUFF, JOHN S RUFF, JOHN D Name: Name: 5500 FRIENDSHIP BLVD., SUITE 2009-N 5500 FRIENDSHIP BLVD., SUITE 2009-N Address: Address: City-St-Zip: CHEVY CHASE, MD 20815 City-St-Zip: CHEVY CHASE, MD 20815 Title: ( ) Delete Title: () Change () Addition Name: COVERT, JOHN R Name: Address: 2 FLAGG RD. Address: City-St-Zip: ACTON, MA 01720 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition ACKERMAN, KEITH L ACKERMAN, KEITH L Name: Name: 601 FLORENCE AVE. DOVEHAVEN 2, 1609 SCOT LANE Address: Address: City-St-Zip: PEORIA, IL 61604 City-St-Zip: KELLER, TX 76248 Title: () Delete Title: () Change () Addition SWATOS, WILLIAM H JR. Name: Name: Address: 618 SW 2ND AVE. Address: GALVA, IL 614341912 City-St-Zip: 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: JOHN DOUGLASS RUFF DS 02/17/2009