2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2007
Secretary of State

DOCUMENT# N00000007773

Entity Name: ASSOCIATION OF PRIESTS, INC.

Current Principal Place of Business:

1501 MAYFAIR ROAD
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1501 MAYFAIR ROAD
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-3712648 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DESCLEFS, BENOIT F
1501 MAYFAIR ROAD
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: IANNUZZI, JOSEPH
Address: 1016 10TH AVENUE
City-St-Zip: MENOMINEE, MI 49858

Title: D ( ) Delete
Name: BAIN, JEANINE
Address: 15710 WOODCROFT DR
City-St-Zip: HOUSTON, TX 77095

Title: SD ( ) Delete
Name: GRAXIOLA, EVA
Address: 5877 N GRANITE REED RD APT 228
City-St-Zip: SCOTTSDALE, AZ 85250

Title: TD ( ) Delete
Name: BAUER, ED
Address: 16016 NW 78TH AVE
City-St-Zip: GAINESVILLE, FL 32615

Title: D ( ) Delete
Name: MEALY, LINETTE
Address: 4008 FLINTRIDGE DR
City-St-Zip: IRVING, TX 75038

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: IANNUZZI, JOSEPH
Address: 20811 WASHINGTON AVENUE
City-St-Zip: ONAWAY, MI 49765

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 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: JOSEPH IANNUZZI PD 01/28/2007

Electronic Signature of Signing Officer or Director — Date