

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004869

FILED
Mar 22, 2012
Secretary of State

Entity Name: OUR LADY OF THE ROSARY ACADEMY, INC.

Current Principal Place of Business:

12226 GLENN HOLLOW DRIVE
JACKSONVILLE, FL 32226

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 351866
JACKSONVILLE, FL 32235

New Mailing Address:

FEI Number: 59-3735928

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAINES, TIMOTHY P
12226 GLENN HOLLOW DRIVE
JACKSONVILLE, FL 32226 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: VPD
Name: RAINES, STEFANIE M
Address: 12226 GLENN HOLLOW DRIVE
City-St-Zip: JACKSONVILLE, FL 32226

Title: D
Name: MORENCY, AARON D
Address: 10719 HIGH RIDGE ROAD
City-St-Zip: JACKSONVILLE, FL 32225

Title: D
Name: MORENCY, NORMAND P
Address: 10719 HIGH RIDGE ROAD
City-St-Zip: JACKSONVILLE, FL 32225

Title: PD
Name: MORENCY, CATHRYN L
Address: 10719 HIGH RIDGE ROAD
City-St-Zip: JACKSONVILLE, FL 32225

Title: TD
Name: RAINES, TIMOTHY P
Address: P.O.BOX 350194
City-St-Zip: JACKSONVILLE, FL 32235

I hereby 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 all other like empowered.

SIGNATURE: CATHRYN L. MORENCY

PD

03/22/2012

Electronic Signature of Signing Officer or Director

Date