2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# N01000005594

Entity Name: CHRISTIAN BROTHERS OF BONITA SPRINGS, (LOS HERMANOS), INC.

Current Principal Place of Business:

26650 NOBLE LANE
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

26650 NOBLE LANE
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 59-3742064 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FEDOR, BRUCE G ESQUIRE
28171 WINTHROP CIR
BONITA SPRINGS, FL 34134 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: D ( ) Delete
Name: MCNALLY, VINCENT
Address: 33 PRYER TERR
City-St-Zip: NEW ROCHELLE, NY 10804

Title: D ( ) Delete
Name: WALSH, BRIAN
Address: 33 PRYER TERR
City-St-Zip: NEW ROCHELLE, NY 10804

Title: D ( ) Delete
Name: DRANEY, THOMAS
Address: 26650 NOBLE LANE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete
Name: CAWLEY, KEVIN
Address: 33 PRYER TERR
City-St-Zip: NEW ROCHELLE, NY 10804

Title: D ( ) Delete
Name: GRIFFITH, KEVIN
Address: 33 PRYER TERR
City-St-Zip: NEW ROCHELLE, NY 10804

Title: D ( ) Delete
Name: BRAY, T. DERNOT
Address: 33 PRYER TERR
City-St-Zip: NEW ROCHELLE, NY 10804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: THOMAS P. DRANEY TREA 04/27/2006

Electronic Signature of Signing Officer or Director — Date