

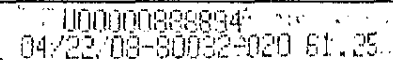


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # N01000005594 1. Entity Name CHRISTIAN BROTHERS OF BONITA SPRINGS, (LOS HERMANOS), INC.			
Principal Place of Business 26650 NOBLE LANE BONITA SPRINGS, FL 34135		Mailing Address 26650 NOBLE LANE BONITA SPRINGS, FL 34135	
			
		04052008 No Chg-NP CR2E037 (4/06)	
4. FEI Number 59-3742064		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
FEDOR, BRUCE G ESQUIRE 28171 WINTHROP CIR BONITA SPRINGS, FL 34134			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	D		
NAME	MCNALLY, VINCENT		
STREET ADDRESS	33 PRYER TERR		
CITY - ST - ZIP	NEW ROCHELLE, NY 10804		
TITLE	D		
NAME	WALSH, BRIAN		
STREET ADDRESS	33 PRYER TERR		
CITY - ST - ZIP	NEW ROCHELLE, NY 10804		
TITLE	D		
NAME	CONNOLLY, TERENCE		
STREET ADDRESS	26670 NOALE LANE		
CITY - ST - ZIP	BONITA SPRINGS, FL 34135		
TITLE	D		
NAME	CAWLEY, KEVIN		
STREET ADDRESS	33 PRYER TERR		
CITY - ST - ZIP	NEW ROCHELLE, NY 10804		
TITLE	D		
NAME	GRIFFITH, KEVIN		
STREET ADDRESS	33 PRYER TERR		
CITY - ST - ZIP	NEW ROCHELLE, NY 10804		
TITLE	D		
NAME	BRAY, T. DERNOT		
STREET ADDRESS	33 PRYER TERR		
CITY - ST - ZIP	NEW ROCHELLE, NY 10804		
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: <u>TERENCE M. CONNOLLY, CFC</u> <u>TERENCE M. CONNOLLY, CFC</u> April 6, 2008 937-495-2088 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			