

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005594

FILED
Feb 05, 2009
Secretary of State

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:

26650 NOBLE LANE
BONITA SPRINGS, FL 34135 US

Current Mailing Address:

26650 NOBLE LANE
BONITA SPRINGS, FL 34135

New Mailing Address:

26650 NOBLE LANE
BONITA SPRINGS, FL 34135 US

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: CONNOLLY, TERENCE
Address: 26670 NOALE 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
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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 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: BRO. TERENCE M. CONNOLLY CFC

BRO.

02/05/2009

Electronic Signature of Signing Officer or Director

Date