## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Mar 01, 2004 8:00 am Secretary of State DOCUMENT # N02000006237 03-01-2004 90052 014 \*\*\*\*70.00 ST. PAUL DE LA CROIX, INC. Principal Place of Business Mailing Address 8237 GRANADA BLVD. 8237 GRANADA BLVD. ORLANDO, FL 32836 ORLANDO, FL 32836 2. Principal Place of Business 3. Mailing Address 266**0** BROOKHO6LOW DR Suite, Apt. #, etc. Suite, Apt. #, etc. 01312004 CR2E037 (10/03) City & State City & State Applied For 14-1843002 CA AN JOSE Not Applicable Zip Country Country Zip 5 \$8.75 Additional 5. Certificate of Status Desired 132 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LUU, THERESA'S 8237 GRANADA BLVD. Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32836 City Zip Code 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 arm familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE □ Delete TITLE Change FOALE, JEFFERIES J NAME NAME ST PAUL RETREAT 15 CROSS RD ST. PAUL'S RET., 15 CROSS RD. GLEN SOMOND STREET ADDRESS CITY-ST-ZIP SA 5064 AUSTRALIA CITY-ST-ZIP GLEN OSMOND SA 5064 AUSTRAWA TITLE Delete TITLE NAME LUU, THERESA SANG NAME STREET ADDRESS 8237 GRANADA BLVD. STREET ADDRESS ORLANDO, FL 32836 CITY-ST-ZIP CITY-ST-71P Delete TITLE TITL F Change ☐ Addition GRIMES, JORDAN K NAME NAME 1600 LAKESIDE DR. STREET ADDRESS STREET ADDRESS ORLANDO, FL 32803 CHY ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE VPD Change Addition COEN, ALPHONSUS NAME NAME ST. MARY MUR 1 PIONEER PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ELMHURST, PA 18416 CITY-ST-ZIP Change TITLE ☐ Defete TITLE ★ Addition SCHORK JOHN NAME NAME 5700 NORTH HARLEM AVE STREET ADORESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP 60631 ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. 2-26-2004 THERESA LUN

FILED