

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90011 009 \*\*\*\*61.25

**DOCUMENT # N03000003075**



1. Entity Name

THE ORDER OF ST. MARY THE VIRGIN OF THE  
CONFESSION OF AUGSBURG, INC.

Principal Place of Business

95 LINCOLN STREET  
ST AUGUSTINE FL 32084-4908

Mailing Address

95 LINCOLN STREET  
ST AUGUSTINE FL 32084-4908

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

27-0056074

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEPPARD, SEAN P ESQ  
SCOTT & SHEPPARD PA  
99 ORANGE STREET  
ST AUGUSTINE FL 32084

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

SHEPPARD + SHEPPARD PA

1301 Plantation Island Dr. South #204

City

SAME

FL

Zip Code

32080

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME TAJRA, HARRY W DR  
STREET ADDRESS 95 LINCOLN STREET  
CITY-ST-ZIP ST AUGUSTINE FL 32084-4908

TITLE VTD ☐ Delete  
NAME TAJRA, SUSAN L  
STREET ADDRESS 95 LINCOLN STREET  
CITY-ST-ZIP ST AUGUSTINE FL 32084-4908

TITLE SD ☐ Delete  
NAME D'ALESSANDRO, ANTHONY J  
STREET ADDRESS 40 SOUTH STREET  
CITY-ST-ZIP READING MA 01867

TITLE D ☐ Delete  
NAME ANDREWS, BRUCE J  
STREET ADDRESS 149 MENENDEZ ROAD  
CITY-ST-ZIP SAINT AUGUSTINE FL 32080

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS LINDA M. BRANDT  
CITY-ST-ZIP 507 Arpicola Avenue  
ST AUGUSTINE FL 32080

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Harry W. Taira*

HARRY W. TAIRA

Feb 6, 2006

(904)

823-8856