

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90023 023 \*\*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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  
SHEPPARD & SHEPPARD, P.A.  
1301 PLANTATION ISLAND DR S. # 204  
SAINT AUGUSTINE FL 32080

Name

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

City

**FL**

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 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, 2007**

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	<input type="checkbox"/> Delete
NAME	TAJRA, HARRY W DR	
STREET ADDRESS	95 LINCOLN STREET	
CITY-STATE-ZIP	ST AUGUSTINE FL 32084-4908	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	TAJRA, SUSAN L	
STREET ADDRESS	95 LINCOLN STREET	
CITY-STATE-ZIP	ST AUGUSTINE FL 32084-4908	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	D'ALESSANDRO, ANTHONY J	
STREET ADDRESS	40 SOUTH STREET	
CITY-STATE-ZIP	READING MA 01867	
TITLE	<del>D</del>	<input type="checkbox"/> Delete
NAME	ANDREWS, BRUCE J	
STREET ADDRESS	<del>149 MENENDEZ ROAD</del>	
CITY-STATE-ZIP	SAINT AUGUSTINE FL 32080	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRANDT, LINDA M	
STREET ADDRESS	507 ARRICOLA AVE	
CITY-STATE-ZIP	SAINT AUGUSTINE FL 32080	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	(SAME)	
STREET ADDRESS	34 Coquina Avenue	
CITY-STATE-ZIP	(SAME)	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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. Tajra* HARRY W. TAJRA

25/1/2007 (904)823-8856

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #