

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90034 049 ****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 (10/07)

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 fee if applicable.

(NOTE: Registered Agent age upon filing not shown on this filing)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2008

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-STATE-ZIP ST AUGUSTINE FL 32084-4908

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

TITLE SD ☐ Delete
NAME ANDREWS, BRUCE J
STREET ADDRESS 34 COQUINA AVENUE
CITY-STATE-ZIP SAINT AUGUSTINE FL 32080

TITLE D ☒ Delete
NAME BRANDT, LINDA M
STREET ADDRESS 507 ARRICOLA AVE
CITY-STATE-ZIP SAINT AUGUSTINE FL 32080

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☒ Addition
NAME TOM DUSTERBERG
STREET ADDRESS 110 EAST SHARON AVENUE
CITY-STATE-ZIP GLENDALE, OHIO, 45246

TITLE ☐ Change ☐ 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: *[Signature]*

HARRY W. TAJRA

Jan 29 2008

(904) 823-8856