

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90069 019 ****61.25

DOCUMENT # N03000010551 1. Entity Name CONFRATERNITY OF OUR LADY QUEEN OF PEACE HOUSE OF PRAYER PALM BEACH COUNTY, FL INC.					
Principal Place of Business P.O.BOX 530215 LAKE PK, FL 33403		Mailing Address P.O.BOX 530215 LAKE PK, FL 33403			
2. Principal Place of Business 2745 Omega Place Suite, Apt. #, etc.		3. Mailing Address PO. Box 530215 Suite, Apt. #, etc.			
City & State North Palm Beach, FL		City & State Lake Park, FL		4. FEI Number 56-2442973	
Zip 33408		Country Palm Beach		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEELINGER, JEAN M 2745 OMEGA PL N PALM BCH, FL 33408		7. Name and Address of New Registered Agent Name Jean M. Seelinger Street Address (P.O. Box Number is Not Acceptable) 2745 Omega Place 2745 Omega Place City North Palm Beach FL Zip Code 33408			
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 <u><i>Jean M. Seelinger</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FINCH, NANCY 109 PARADISE HARBOR BLVD APT 103 N PALM BCH, FL 33405	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LIGUORI, LAURA A 200 E ROYAL PALM RD BOCA RATON, FL 33432	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SEELINGER, JEAN 2745 OMEGA PL N PALM BCH, FL 33408	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KNAPP, MAUREEN 902 SUN TERR CT PALM BCH GARDENS, FL 33403	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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.					
SIGNATURE: <u><i>Jean M. Seelinger</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u><i>March 25, 2004</i></u> <small>Date</small>		<u><i>561-622-1328</i></u> <small>Daytime Phone #</small>	