


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90041 041 \*\*\*\*61.25

<b>DOCUMENT # N04000005991</b> 1. Entity Name <b>SAINT PEREGRINE COMMUNITY, SECULAR ORDER SERVANTS OF MARY INC.</b>					
Principal Place of Business <b>2750 E OSCEOLA PARKWAY KISSIMMEE, FL 34743</b>			Mailing Address <b>PO BOX 450698 KISSIMMEE, FL 34745-0695</b>		
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		Country		03312008 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>27-0095083</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>VAZQUEZ, JOSE 2630 BORINQUEN DR KISSIMMEE, FL 34744</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 <u>JOSE VAZQUEZ</u> <span style="float: right;">04-03-08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25. Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>A</b> <b>MAYER, ROSEMARY</b> <b>7901 SLOOP PLACE #104</b> <b>ORLANDO, FL 32825</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ANTONUCCI, JAMES</b> <b>14533 POTANOW TR</b> <b>ORLANDO, FL 32837</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC</b> <b>TYNIO, CATHERINE M</b> <b>447 CHICAGO WOODS CIRCLE</b> <b>ORLANDO, FL 32824</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>VAZQUEZ, JOSE</b> <b>2630 BORINQUEN DR</b> <b>KISSIMMEE, FL 34744</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CM</b> <b>ACOSTA, LUZ</b> <b>1705 OAK BREEZE AVE.</b> <b>KISSIMMEE, FL 34744</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CM</b> <b>BENTUM TILUS, ADRIANA</b> <b>250 HIDDEN SPRINGS CR</b> <b>KISSIMMEE, FL 34743</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LAURA TROUGHTON</b> <b>1579 ANOKANDA BLVD.</b> <b>KISSIMMEE, FL 34744</b>				
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sec.</b> <b>IRIS FIGUEROA</b> <b>800 COUNTRY CROSSING CT.</b> <b>KISSIMMEE, FL 34744</b>				
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CM</b> <b>Aleja Maldonado</b> <b>213 Palmwood Ct.</b> <b>KISSIMMEE, FL 34743</b>				
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CM</b> <b>Elvira Comas</b> <b>13176 SUMNERTON DR.</b> <b>ORLANDO, FL 32824</b>				
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE: LAURA TROUGHTON</b> <span style="float: right;">04-03-08</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

2008 - NOT-FOR-PROFIT CORP. ATTACHMENT

CM-

GLORIA VAZQUEZ  
2636 BORINQUEN DR.

KISSIMMEE, FL 34744

40060684

#N04000005991

ATTACHMENT

40060684

# N04000005991

ST. PEREGRINE COMMUNITY  
SECULAR ORDER SERVANTS OF MARY, INC  
2750 E. OSCEOLA PARKWAY  
P. O. BOX 450698  
KISSIMMEE, FL. 34745-0698

March 31, 2008

Division of Corporations  
Annual Report Section  
P. O. Box 6850  
Tallahassee, Fl. 32314

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

The enclosed check no. 1059, payable to the Florida Department of State in the amount of \$61.25 should cover the filing fee for the enclosed report above-named.


Please delete the names of James Antonucci, Catherine M. Tynio, Luz Acosta and Adriana Bentum Tilus.

Please add: Prioress Laura Troughton, Secretay Iris Figueroa, Council Member: Gloria Vazquez, Aleja Maldonado and Elvira Comas.

Remaining from previous reports: Assistant, Sr. Rosemary Mayer, OSM and Treasurer, Jose Vazquez.

Should you require additional information, please advise.

Very truly yours,

  
Iris Figueroa  
Secretary