

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90196 033 \*\*\*\*70.00

**DOCUMENT # N04000006125**

1. Entity Name  
**DAMIEN THE LEPER SOCIETY, INC.**



Principal Place of Business  
**4528 FLORELLE WAY  
PENSACOLA, FL 32505**

Mailing Address  
**PO BOX 17428  
PENSACOLA, FL 32522**

40082842



04192007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1446476**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**WARNER, TIMOTHY M  
519 GRACE AVENUE  
PANAMA CITY, FL 32401**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME HUYNH, VIET TAN  
STREET ADDRESS 3308 EAST 15TH STREET  
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE D  
NAME MCCURDY, SARAH  
STREET ADDRESS 1333 LAPAZ STREET  
CITY-ST-ZIP PENSACOLA, FL 32506

TITLE D  
NAME NGUYEN, ANGELA  
STREET ADDRESS 1610 DESOTO STREET  
CITY-ST-ZIP PENSACOLA, FL 32501

TITLE D  
NAME LAMBERT, JANE  
STREET ADDRESS 5611 TURKEY ROAD  
CITY-ST-ZIP PENSACOLA, FL 32526

TITLE D  
NAME HARE, DIANE C  
STREET ADDRESS 2589 JENKS AVENUE  
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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.

SIGNATURE: Sarah L. McCurdy  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-07 856-457-1815  
Date Day/Time Phone #