

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 A
Secretary of State

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



03242008 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

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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, 2008**

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

U00000890640
04/22/08-80101-020 70.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 4th 2008

Date

Daytime Phone #

850-429-7101