

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011191

FILED
May 02, 2007
Secretary of State

Entity Name: SAINTS FRANCIS AND CLAIRE CATHOLIC CHURCH INCORPORATED

Current Principal Place of Business:

304 W 9TH AVE
STE 17
HAVANA, FL 323331600

New Principal Place of Business:

Current Mailing Address:

304 W 9TH AVE
STE 17
HAVANA, FL 323331600

New Mailing Address:

FEI Number: 20-1970267 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LA LONE, MICHAEL REV.
163 CONRAD HILLS RD
HAVANA, FL 32333 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: LA LONE, MICHAEL REV.
Address: 163 CONRAD HILLS RD
City-St-Zip: HAVANA, FL 32333

Title: V () Delete
Name: COUNTERMAN, GLORIA
Address: P.O. BOX 368
City-St-Zip: MONTICELLO, FL 32344

Title: ST () Delete
Name: COUNTERMAN, PETER
Address: 163 CONRAD HILLS RD.
City-St-Zip: HAVANA, FL 32333

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LA LONE, MICHAEL REV.
Address: 163 CONRAD HILLS RD
City-St-Zip: HAVANA, FL 32333

Title: C (X) Change () Addition
Name: COUNTERMAN, GLORIA
Address: P.O. BOX 368
City-St-Zip: MONTICELLO, FL 32344

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER COUNTERMAN

D

05/02/2007

Electronic Signature of Signing Officer or Director

Date