## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000003839

Entity Name: ST. BONIFACE MISSION INC.

FILED Apr 28, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 10201 MULBERRY WAY LARGO, FL 33777 **Current Mailing Address: New Mailing Address:** 10201 MULBERRY WAY LARGO, FL 33777 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DUHANEY, CYNTHIA 10201 MULBERRY WAY LARGO, FL 33777 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete ( ) Change (X) Addition DUHANEY, CYNITHIA Name: Name: Address: Address: 10201 MULBERRY WAY City-St-Zip: City-St-Zip: LARGO, FL 33779 Title: Title: ( ) Change (X) Addition ( ) Delete Name: Name: MORGAN, HILORY Address: Address: 1704 COTTAGE OAKS COURT City-St-Zip: City-St-Zip: BRANDON, FL 33510 Title: () Delete Title: ( ) Change (X) Addition LINSE, QUITLIE Name: Name: 18927 WOOD SAGE DRIVE Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33647 Title: () Delete Title: ( ) Change (X) Addition Name: Name: STEWART, MARY Address: Address: 1123 GRANT STREET City-St-Zip: City-St-Zip: CLEARWATER, FL 33755 Title: () Delete Title: ( ) Change (X) Addition CARBOUGH, RICHARD Name: Name: 1647 RUSTLING WIND ROAD Address: Address: City-St-Zip: City-St-Zip: BROOKSVILLE, FL 34604

I hereby certify that the information supplied with this filing does not qualify for the 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: CYNTHIA DUHANEY Ρ 04/28/2006