

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003839

FILED
Apr 29, 2008
Secretary of State

Entity Name: ST. BONIFACE MISSION INC.

Current Principal Place of Business:

10201 MULBERRY WAY
LARGO, FL 33777

New Principal Place of Business:

Current Mailing Address:

10201 MULBERRY WAY
LARGO, FL 33777

New Mailing Address:

FEI Number: 32-0149591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUHANEY, CYNTHIA
10201 MULBERRY WAY
LARGO, FL 33777 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: P () Delete
Name: DUHANEY, CYNTHIA
Address: 10201 MULBERRY WAY
City-St-Zip: LARGO, FL 33779

Title: D () Delete
Name: MORGAN, HILORY
Address: 1704 COTTAGE OAKS COURT
City-St-Zip: BRANDON, FL 33510

Title: D () Delete
Name: LINSE, QUITLIE
Address: 18927 WOOD SAGE DRIVE
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: STEWART, MARY
Address: 1123 GRANT STREET
City-St-Zip: CLEARWATER, FL 33755

Title: D () Delete
Name: CARBOUGH, RICHARD
Address: 1647 RUSTLING WIND ROAD
City-St-Zip: BROOKSVILLE, FL 34604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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

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: CYNTHIA DUHANEY

PRES

04/29/2008

Electronic Signature of Signing Officer or Director

Date