2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000005614

1. Entity Name
APOSTOLATE OF THE PRECIOUS BLOOD, INC.

FILED
07 MAY -1 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2626 EAST PARK AVE SUITE 13201 TALLAHASSEE, FL 32301	PO BOX 15851 TALLAHASSEE, FL 32317

05012007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3423 EAGLE'S BLUFF TRACE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TALLAHASSEE, FL	City & State
Zip: 32310 Country: USA	Zip Country

4. FEI Number: 86-1139582 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FASON, PATRICIA 2626 EAST PARK AVE SUITE 13201 TALLAHASSEE, FL 32301	Name: PATRICIA FASON Street Address (P.O. Box Number is Not Acceptable): 3423 EAGLE'S BLUFF TRACE City: TALLAHASSEE FL Zip Code: 32310

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: Patricia A. Fason — 1 MAY 07

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DELGADO, OSCAR MR. 5107 S BLACKSTONE #1203 CHICAGO, IL 60615	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 6324 S. INGLESIDE #2 CHICAGO, IL 60637
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S AKAEGBU, LINUS 2626 EAST PARK AVE SUITE 13201 TALLAHASSEE, FL 32301	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EDITOR-IN-CHIEF FR. ANTHONY ANOKETE 500 GOODE STREET HOUMA, LA 70361 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD VGOAGWU, PETER C FR 301 ANN ST NEWBURGH, NY 12550	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition FR. PETER CLAVER UGOAGWU
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EDT FASON, PATRICIA 2626 EAST PARK AVE SUITE 13201 TALLAHASSEE, FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3423 EAGLE'S BLUFF TRACE TALLAHASSEE, FL 32310
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ABLE, TERRI MS. 10944 SW HARTWICK DR PORT SAINT LUCIE, FL 34987	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY/VP TERRY ABEL ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000101627250 05/07/07--01002--018 **70.00

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: Patricia A. Fason — 1 MAY 07 — 850-577-0607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #