

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 31, 2009
Secretary of State**

DOCUMENT# N05000007283

Entity Name: DIOCESE OF MWEKA, INC.

Current Principal Place of Business:

1603 N. THACKER AVE.
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

1603 N. THACKER AVE.
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 20-3176937 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOUST, KATHLEEN M
17 S. ORLANDO AVE.
KISSIMMEE, FL 34741 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: PD () Delete
Name: BUHAKE, LONGIN FR.
Address: 1603 N. THACKER AVE.
City-St-Zip: KISSIMMEE, FL 34741

Title: VPD () Delete
Name: MAZZELLA, BETHANY
Address: 322 CASSIA DR
City-St-Zip: DAVENPORT, FL 33897

Title: STD () Delete
Name: SMITH, SHERRIE
Address: 2325 INDIAN MOUND TR
City-St-Zip: KISSIMMEE, FL 34743

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: STD () Change (X) Addition
Name: TEEHAN, DAMIEN
Address: 4241 ALBRITTON RD
City-St-Zip: ST CLOUD, FL 34772

Title: TR () Change (X) Addition
Name: CAVINEE, SUSAN
Address: 1706 PARADISE DR
City-St-Zip: KISSIMMEE, FL 34741

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: LONGIN BUHAKE

PD

03/31/2009

Electronic Signature of Signing Officer or Director

_____ Date