

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002661

FILED
Mar 10, 2009
Secretary of State

Entity Name: SODALITAS S. MARIA AEGYPTIACA, INC.

Current Principal Place of Business:

1048 CHEYENNE DR.
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

1048 CHEYENNE DR.
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 86-1162363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AYER, KARLA C.
1048 CHEYENNE DR.
ST. AUGUSTINE, FL 32086 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: DP () Delete
Name: AYER, KARLA C.
Address: 1048 CHEYENNE DR.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: DV () Delete
Name: JARNOT, J
Address: 1048 CHEYENNE DR.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: DST () Delete
Name: MUNSON, C
Address: 1048 CHEYENNE DR.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D () Delete
Name: BESSETTE, TAMMY L.
Address: 220 WOODBURY ST.
City-St-Zip: PAWTUCKET, RI 02861

Title: D (X) Delete
Name: PRASIFKA, MARISA
Address: 2708 GRAND OAKS LOOP
City-St-Zip: CEDAR PARK, TX 78613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change () Addition
Name: AYER, KARLA C.
Address: 1048 CHEYENNE DR.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: DS (X) Change () Addition
Name: JARNOT, J
Address: 1048 CHEYENNE DR.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: DP (X) Change () Addition
Name: MUNSON, C
Address: 1048 CHEYENNE DR.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: DT (X) Change () Addition
Name: PRASIFKA, MARISA
Address: 1048 CHEYENNE DR.
City-St-Zip: ST. AUGUSTINE, FL 32086

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: MARISA PRASIFKA

T

03/10/2009

Electronic Signature of Signing Officer or Director

Date