

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002991

FILED
Apr 29, 2007
Secretary of State

Entity Name: COMPANIONS OF SAINTS FRANCIS AND DOMINIC, INC.

Current Principal Place of Business:

2315 OHBAH NENE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

2315 OHBAH NENE
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 11-3773143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINNEGAN, JOSEPH D
2315 OHBAH NENE
TALLAHASSEE, FL 32301 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: D () Delete
Name: FINNEGAN, JOSEPH D
Address: 2315 OHBAH NENE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: FARIS, ELIZABETH M
Address: 2716 KINSAIL DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: HODER, STEPHEN M
Address: 52 LINCOLN AVE
City-St-Zip: DANBURYSSSEE, CT 06810

Title: D (X) Delete
Name: MARTIN, DOMINIC
Address: 49 STOCKMAN ST
City-St-Zip: SPRINGFIELD, MA 01104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: CAVINS, WILLIAM R
Address: 5330 POINSETTA AVENUE
City-St-Zip: ORLANDO, FL 32301

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: JOSEPH D FINNEGAN

D

04/29/2007

Electronic Signature of Signing Officer or Director

Date