## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000002991

FILED Mar 20, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

2315 OHBAH NENE TALLAHASSEE, FL 32301

Current Mailing Address: New Mailing Address:

2315 OHBAH NENE TALLAHASSEE, FL 32301

FEI Number: 11-3773143 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FINNEGAN, JOSEPH D
2315 OHBAH NENE
TALLAHASSEE, FL 32301 US
FINNEGAN, JOSEPH D BISHOP
2315 OHBAH NENE
TALLAHASSEE, FL 32301 US
TALLAHASSEE, FL 32301 US

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: BISHOP JOSEPH D FINNEGAN 03/20/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PSD () Delete
 Title:
 PSD (X) Change () Addition

 Name:
 FINNEGAN, JOSEPH D
 Name:
 FINNEGAN, JOSEPH D BISHOP

 Address:
 2315 OHBAH NENE
 Address:
 2315 OHBAH NENE

 City-St-Zip:
 TALLAHASSEE, FL 32301
 City-St-Zip:
 TALLAHASSEE, FL 32301

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 CAVINS, WILLIAM R
 Name:

 Address:
 5330 POINSETTA AVENUE
 Address:

 City-St-Zip:
 ORLANDO, FL 32301
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 HODER, STEPHEN M
 Name:

 Address:
 52 LINCOLN AVE
 Address:

 City-St-Zip:
 DANBURYSSEE, CT 06810
 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 BISH 03/20/2009