

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2008 8:00 am
Secretary of State

06-25-2008 90009 001 ****61.25

DOCUMENT # N06000005623 1. Entity Name SAINTS PETER AND PAUL CATHOLIC CHURCH, INC.					
Principal Place of Business 21010 STATE ROAD 54 LAND O'LAKES, FL 33558			Mailing Address POST OFFICE BOX 1379 LUTZ, FL 33548		
2. Principal Place of Business - No P.O. Box # 6201 Sheldon Rd.		3. Mailing Address 6201 Sheldon Rd.			
Suite, Apt. #, etc. TAMPA, FL		Suite, Apt. #, etc. TAMPA, FL			
City & State 33615 U.S.A.		City & State 33615 U.S.A.			
Zip 33615		Country U.S.A.		4. FEI Number 20-4967036	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DIVITO, JOSEPH A ESQ DIVITO & HIGHAM, P.A. 4514 CENTRAL AVENUE ST. PETERSBURG, FL 33711			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D MANSOUR, GREGORY J REVEREN 109 REMSEN STREET BROOKLYN, NY 11201	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, MICHAEL REVEREN 109 REMSEN STREET BROOKLYN, NY 11201	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PERALES, JORGE I REV. POST OFFICE BOX 1379 LUTZ, FL 33548	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
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: <u>Rev. Jorge Peralas</u> JORGE PERALES <u>6-21-08</u> <u>(813) 886-7413</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					