2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED May 05, 2008 08:00 AN Secretary of State DOCUMENT # N06000010427 ALL SAINT WESTERN RITE ORTHODOX CATHOLIC MISSION INC. Principal Place of Business Mailing Address 200 S. BANANA RIVER DRIVE LOT D2 200 S. BANANA RIVER DRIVE LOT D2 MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 26-0292266 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NOEL, R. AUGUSTINE REV. Street Address (P.O. Box Number is Not Acceptable) 200 S. BANANA RIVER DRIVE LOT D2 MERRITT ISLAND FL 32952 City Zip Code 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable CATE (NOTE: Registered Agent signature reduired when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NOEL, R. AUGUSTINE BISHOP NAME NAME 200 S. BANANA RIVER DRIVE LOT D2 STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL 32952 CITY-ST-ZIP CITY-ST-ZiP TITLE U00000946868 ☐ Addition ☐ Delate Change -015 61.25 MARTIN, DOMINIC ARCHDIO NAME NAME 05/30/08-80066 49 STOCKMAN STREET STREET ADDRESS STREET ADDRESS SPRINGFIELD MA 01104 CITY-ST-ZIP CITY-ST-ZiP TITLE Delete TITLE ☐ Change Addition NAME NOEL, DONNA DEACONE NAME 200 S. BANANA RIVER DRIVE LOT D2 STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL 32952 CITY-ST-ZIP CITY-ST-ZIP THLE Delete TITLE Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NALIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ___ Change TITLE ☐ Defete TITLE ☐ Addition

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 outrit, 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET AUDRESS

CITY-ST-ZIP

ROLAND (AUGUSTINE) NOEL 5/1/08

33/-453-0383