2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N06000010427

Entity Name: ALL SAINT WESTERN RITE ORTHODOX CATHOLIC MISSION INC.

Current Principal Place of Business:

200 S. BANANA RIVER DRIVE LOT D2
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

200 S. BANANA RIVER DRIVE LOT D2
MERRITT ISLAND, FL 32952

New Mailing Address:

FEI Number: 26-0292266 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOEL, R. AUGUSTINE REV.
200 S. BANANA RIVER DRIVE LOT D2
MERRITT ISLAND, FL 32952 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: P ( ) Delete
Name: NOEL, R. AUGUSTINE BISHOP
Address: 200 S. BANANA RIVER DRIVE LOT D2
City-St-Zip: MERRITT ISLAND, FL 32952

Title: V ( ) Delete
Name: MARTIN, DOMINIC ARCHDIO
Address: 49 STOCKMAN STREET
City-St-Zip: SPRINGFIELD, MA 01104

Title: TS ( ) Delete
Name: NOEL, DONNA DEACONE
Address: 200 S. BANANA RIVER DRIVE LOT D2
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change ( ) Addition
Name: MARTIN, DOMINIC ARCHDIO
Address: 56 HAVILAND ST.
City-St-Zip: LUDLOW, MA 01056

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: DONNA J. NOEL TS 04/21/2009

Electronic Signature of Signing Officer or Director — Date