

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010451

FILED
Apr 30, 2008
Secretary of State

Entity Name: THE O'CONNELL SOCIETY, INC.

Current Principal Place of Business:

312 J WAYNE REITZ UNION
GAINESVILLE, FL 326118505

New Principal Place of Business:

Current Mailing Address:

312 J WAYNE REITZ UNION
P.O. BOX 118505
GAINESVILLE, FL 326118505

New Mailing Address:

FEI Number: 20-8582040 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, W. CRIT
3520 THOMASVILLE ROAD, 4TH FLOOR
TALLAHASSEE, FL 32309 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: DP () Delete
Name: SMITH, W. CRIT
Address: 312 J WAYNE REITZ UNION
City-St-Zip: GAINESVILLE, FL 326118505

Title: DV () Delete
Name: O'CONNELL, CINDY F
Address: 312 J WAYNE REITZ UNION
City-St-Zip: GAINESVILLE, FL 326118505

Title: DS () Delete
Name: CARMODY, CHRISTOPHER
Address: 312 J WAYNE REITZ UNION
City-St-Zip: GAINESVILLE, FL 326118505

Title: DT () Delete
Name: CALFEE, DENNIS
Address: 312 J WAYNE REITZ UNION
City-St-Zip: GAINESVILLE, FL 326118505

Title: D () Delete
Name: PONCE, S. DANIEL
Address: STE 2100, 200 SOUTH BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: COMITER, ANDREW R
Address: 312 J WAYNE REITZ UNION
City-St-Zip: GAINESVILLE, FL 326118505

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ANDREW R. COMITER

D

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date