2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N07000002537 1. Entity Name
THE SHRINE OF THE MARTYRS OF LA FLORIDA



FILED Feb 12, 2008 8:00 am **Secretary of State**

02-12-2008 90010 050 ****61.25

INCORP	ORATED	,						
Principal Place of Business 3052 WATERFORD DR. TALLAHASSEE, FL 32309		Mailing Address 3052 WATERFORD DR. TALLAHASSEE, FL 32309						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				13 11		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01122008 C	ng-NP	CR2E037 (12/06)
City & State		City & State			4. FEI Number 26 - 0494	105/0		Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of St		□ \$8.75 / Fee Regu	dditional
·	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Reg	<u>.</u>	
FENNEMA	PORIN		Name			·		
3052 WAT	ERFORD DR. SSEE, FL 32309		Street Ade	idress (P	O. Box Number is I	Not Acceptable)		
I ALLA I A	JOEE, 1 E 32505							
			City				FL Zip C	ode
8. The above	named entity submits this statement for	r the purpose of changing its r	registered office or re	registere	d agent, or both, in	the State of Florid	da. I am familiar wi	h, and accept
ine obliga	ions or registered agent.							
SIGNATURE	Signature, typed or printed name of registered agent is	and title of applicable. (NOTE:	Registered Agent signature	re required w	when reinstating)		DATE	
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2008	and title of applicable. (NOTE: 9. Election Carm Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees		DATE TO Check payable Department of	
SIGNATURE	Filing Fee Is \$61.25 Due by May 1, 2008 OFFICERS AND DIF	9. Election Cam Trust Fund Ca	paign Financing	_ ;	\$5.00 May Be	Florida 	te check payable a Department of	State
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Horida 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:

ROBIN FENNEMA