2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002537

FILED Apr 22, 2009 Secretary of State

Entity Name: THE SHRINE OF THE MARTYRS OF LA FLORIDA, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 1230 ARCHANGEL WAY TALLAHASSEE, FL 32317 **Current Mailing Address: New Mailing Address:** 1230 ARCHANGEL WAY TALLAHASSEE, FL 32317 FEI Number: 26-0494656 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FENNEMA, ROBIN FENNEMA, ROBIN 9837 DULĆE MARIA DR. 3052 WATÉRFORD DR. TALLAHASSEE, FL 32309 US US TALLAHASSEE, FL 32317 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: 04/22/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition JORDAN, HEATHER Name: Name: 2445 HARDAWAY HIGHWAY #2 Address: Address: City-St-Zip: CHATTAHOOCHEE, FL 32324 City-St-Zip: Title: VSD () Delete Title: VSD (X) Change () Addition Name: FENNEMA, ROBIN Name: FENNEMA, ROBIN Address: 3136 OBRIEN DRIVE Address: 9837 DULCE MARIA DR. City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: TALLAHASSEE, FL 32317 Title: () Delete Title: () Change () Addition STAVRES, CHRISTOPHER Name: Name: 8241 GREENMONT AVE. Address: Address: City-St-Zip: TALLAHASSEE, FL 32317 City-St-Zip: Title: Title: () Change () Addition () Delete Name: BUSCH, DAVID Name: 3428 ROBINHOOD RD. Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: Title: Title: () Delete () Change () Addition JOHNSON, KEVIN Name: Name: 3640 FRED GEORGE RD. Address: Address: City-St-Zip: TALLAHASSEE, FL 32303 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: ROBIN D FENNEMA VSD 04/22/2009