

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002912

FILED  
Apr 16, 2012  
Secretary of State

**Entity Name:** PAUL FITZPATRICK MINISTRIES, INC.

**Current Principal Place of Business:**

3724 SANDLACE CT  
PORT ST LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

3724 SANDLACE CT  
PORT ST LUCIE, FL 34952

**New Mailing Address:**

**FEI Number:** 58-2282401

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FITZPATRICK, PAUL J  
3724 SANDLACE CT  
PORT ST LUCIE, FL 34952 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:** CEO  
**Name:** FITZPATRICK, PAUL J  
**Address:** 3724 SANDLACE CT  
**City-St-Zip:** PORT ST LUCIE, FL 34952

**Title:** CFO  
**Name:** FITZPATRICK, GWENDOLYN  
**Address:** 3724 SANDLACE CT  
**City-St-Zip:** PORT ST LUCIE, FL 34952

**Title:** S  
**Name:** POLING, LORIANNE  
**Address:** 631 SE NORSEMAN DR  
**City-St-Zip:** PORT ST LUCIE, FL 34984

I hereby 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 all other like empowered.

**SIGNATURE:** GWENDOLYN FITZPATRICK

CFO

04/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date