2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N07000006557

Entity Name: THE PROVINCE OF SAINT PETER, INC

Current Principal Place of Business:

2807 TREBARK DR.
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

2807 TREBARK DR.
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 26-1757871 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCCLANAHAN, RUSSELL T DR.
2807 TREBARK DR.
TALLAHASSEE, FL 32312 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: D ( ) Delete
Name: MCCLANAHAN, RUSSELL T DR.
Address: 2807 TREBARK DR.
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: JONES, DEREK
Address: POB 738
City-St-Zip: MONTEVALLO, AL 35115

Title: D ( ) Delete
Name: JONES, DON W
Address: 810 CLARINGTON DR.
City-St-Zip: SOUTHHAVEN, MS 38671

Title: D ( ) Delete
Name: TRAVIS, CHARLES
Address: 11152 OAKRIDGE DR. SO.
City-St-Zip: JACKSONVILLE, FL 32225

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
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: DR. RUSSELL T. MCCLANAHAN D 04/30/2008

Electronic Signature of Signing Officer or Director — Date