

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008416

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: FRATERNUS, INC.

## Current Principal Place of Business:

1332 MONTICELLO ROAD  
JACKSONVILLE, FL 32207

## New Principal Place of Business:

## Current Mailing Address:

1332 MONTICELLO ROAD  
JACKSONVILLE, FL 32207

## New Mailing Address:

FEI Number: 26-0873205

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BIANCE, JUSTIN M  
1332 MONTICELLO ROAD  
JACKSONVILLE, FL 32207 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: SCHUCHTS, BOB DR  
Address: 215 E THARPE AVE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: DP ( ) Delete  
Name: BIANCE, JUSTIN M  
Address: 1332 MONTICELLO ROAD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: VPD ( ) Delete  
Name: MACALESTER, PAUL T  
Address: 1332 MONTICELLO ROAD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: DS ( ) Delete  
Name: RICHARDVILLE, STEPHEN T  
Address: 831 WINTHROP PLACE  
City-St-Zip: ORLANDO, FL 32207

Title: TD ( ) Delete  
Name: BIANCE, JASON C  
Address: 8200 WHITE FALLS BLVD UNIT 112  
City-St-Zip: JACKSONVILLE, FL 32256

## 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:

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: JUSTIN M. BIANCE

DP

01/07/2008

Electronic Signature of Signing Officer or Director

Date