

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009561

FILED
Feb 03, 2009
Secretary of State

Entity Name: ST THERESE DE LISIEUX CATHOLIC CHURCH INC.

Current Principal Place of Business:

11800 LAKE WORTH RD
WELLINGTON, FL 33449

New Principal Place of Business:

Current Mailing Address:

11800 LAKE WORTH RD
WELLINGTON, FL 33449

New Mailing Address:

FEI Number: 65-1015961 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEHNERT, BRIAN REV
11800 LAKE WORTH RD
WELLINGTON, FL 33449 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: P () Delete
Name: LEHNERT, BRIAN
Address: 11800 LAKE WORTH RD
City-St-Zip: WELLINGTON, FL 33449

Title: M () Delete
Name: CARRIGAN, JOCELYNE
Address: 11800 LAKE WORTH RD
City-St-Zip: WELLINGTON, FL 33449

Title: S () Delete
Name: SKUISKY, NANCY
Address: 11800 LAKE WORTH ROAD
City-St-Zip: WELLINGTON, FL 33449

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SKULSKY, NANCY
Address: 11800 LAKE WORTH ROAD
City-St-Zip: WELLINGTON, FL 33449

Title: T () Change (X) Addition
Name: CONDORA, CHRISTINE T TRES.
Address: 11800 LAKE WORTH RD
City-St-Zip: WELLINGTON, FL 33449

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: CHRISTINE CONDORA

T

02/03/2009

Electronic Signature of Signing Officer or Director

Date