

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008772

FILED
Apr 21, 2009
Secretary of State

Entity Name: MOVIMEINTO DE ACCION CATOLICA DIOCESIS DE PALM BEACH INC.

Current Principal Place of Business:

CATHEDRAL SAINT IGNATIUS LOYOLA
9999 NORTH MILITARY TRAIL
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

CATHEDRAL SAINT IGNATIUS LOYOLA
9999 NORTH MILITARY TRAIL
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

CATHEDRAL SAINT IGNATIUS LOYOLA
9999 NORTH MILITARY TRAIL
PALM BEACH GARDENS, FL 33418

New Mailing Address:

E. GIBBONS, PRESIDENT
174 THORNTON DRIVE
PALM BEACH GARDENS, FL 33418

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

Name and Address of Current Registered Agent:

GIBBONS, LILIA W
1124 BROADWAY SUITE
RIVIERA BEACH, FL 33404 US

Name and Address of New Registered Agent:

GIBBONS, LILIA W
174 THORNTON DRIVE
PALM BEACH GARDENS, FL 33418 US

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: ELSA GIBBONS

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GIBBONS, ELSA
Address: 1124 BROADWAY STE
City-St-Zip: RIVIERA BEACH, FL 33404

Title: S () Delete
Name: GIBBONS, TERESA
Address: 174 THORNTON DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: T () Delete
Name: EGUSQUIZA, BERTHA
Address: 4718 BRADY LANE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: WILLIAMS G., LILIA
Address: 174 THORNTON DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: ROINE, DULE M
Address: 1124 BROADWAY STE
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D () Delete
Name: LOPEZ, MARIA
Address: 1124 BROADWAY STE
City-St-Zip: RIVIERA BEACH, FL 33404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GIBBONS, ELSA
Address: 174 THORNTON DRIVE
City-St-Zip: PBG, FL 33418

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: ELSA GIBBONS

MSS

04/21/2009

Electronic Signature of Signing Officer or Director

Date