

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jul 06, 2010
Secretary of State**

DOCUMENT# N09000005036

Entity Name: OLD CATHOLIC BENEDICTINES OF THE RESURRECTION, INC.**Current Principal Place of Business:**199 CAMINO DEL RIO
PORT ST. LUCIE, FL 34952**New Principal Place of Business:****Current Mailing Address:**199 CAMINO DEL RIO
PORT ST. LUCIE, FL 34952**New Mailing Address:****FEI Number:** **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**SHEFFIELD, REV. BERNARD E
199 CAMINO DEL RIO
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:** PD
Name: SHEFFIELD, REV. BERNARD E
Address: 199 CAMINO DEL RIO
City-St-Zip: PORT ST. LUCIE, FL 34952**Title:** D
Name: WILLIAMS, FRANCIS J BROTHER
Address: 199 CAMINO DEL RIO
City-St-Zip: PORT ST LUCIE, FL 34952**Title:** D
Name: HALL, PAUL J REV
Address: 607 COCONUT AVE.
City-St-Zip: PORT ST LUCIE, FL 34952**Title:** NONE
Name: NONE, NONE
Address: NONE
City-St-Zip: PORT ST LUCIE , FL 34952

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: FATHER BERNARD E. SHEFFIELD, OSB

PD

07/06/2010

Electronic Signature of Signing Officer or Director

Date