

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005036

FILED
Mar 28, 2012
Secretary of State

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:

1067 NW TUSCANY DR
PORT ST. LUCIE, FL 34986

Current Mailing Address:

199 CAMINO DEL RIO
PORT ST. LUCIE, FL 34952

New Mailing Address:

1067 NW TUSCANY DR
PORT ST. LUCIE, FL 34986

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:

SHEFFIELD, REV. BERNARD E
1067 NW TUSCANY DR
PORT ST. LUCIE, FL 34986 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:

03/28/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SHEFFIELD, REV. BERNARD E
Address: 1067 NW TUSCANY DR
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: D
Name: WILLIAMS, FRANCIS J BROTHER
Address: 1067 NW TUSCANY DY
City-St-Zip: PORT ST LUCIE, FL 34986

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: BERNARD E SHEFFIELD OSB

FR

03/28/2012

Electronic Signature of Signing Officer or Director

Date