2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# N28526

Entity Name: ST. CATHERINE OF ALEXANDRIA ORTHODOX CATHOLIC MISSION AND HOUSE OF STUDIES, INCORPORATED

Current Principal Place of Business:

C/O FATHER RAYMOND RUIZ, JR
5214 PALM RIVER ROAD
TAMPA, FL 33619 US

New Principal Place of Business:

Current Mailing Address:

C/O FATHER RAYMOND RUIZ, JR
5214 PALM RIVER ROAD
TAMPA, FL 33619 US

New Mailing Address:

FEI Number: 59-2909354 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RUIZ, RAYMOND JR.
5214 PALM RIVER ROAD
TAMPA, FL 33619 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:	PDC	( ) Delete
Name:	RUIZ, RAYMOND,	
Address:	5214 PALM RIVER RD.	
City-St-Zip:	TAMPA, FL	
Title:	DS	( ) Delete
Name:	VILLOT, TAMMY,	
Address:	5610 GRANADA BLVD APT B	
City-St-Zip:	TAMPA, FL 33617	
Title:	TD	( ) Delete
Name:	CORD, JONAS,	
Address:	220 E. MADISON ST.	
City-St-Zip:	TAMPA, FL 33602	
Title:	D	( ) Delete
Name:	VILLOT, ORLANDO	
Address:	5610 GRANADA BLVD APT B	
City-St-Zip:	TAMPA, FL 33617	

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:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FR. RAYMOND RUIZ JR. PDC 04/28/2005

Electronic Signature of Signing Officer or Director — Date