2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2009
Secretary of State

DOCUMENT# N35753

Entity Name: FRIENDS OF ST. MICHAEL THE ARCHANGEL CHAPEL, INC.

Current Principal Place of Business:

%WILLIAM I. GULLIFORD
1950 BARTRAM RD
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

1950 BARTRAM RD
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-3058890 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GULLIFORD, WILLIAM I.
1950 BARTRAM ROAD
JACKSONVILLE, FL 32207 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: DS ( ) Delete
Name: BROWER, BRADY V.
Address: 4038 CONGA ST.
City-St-Zip: JACKSONVILLE, FL

Title: P ( ) Delete
Name: GULLIFORD, WILLIAM I.
Address: 75 BEACH AVE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: DT ( ) Delete
Name: SMITH, DAVID
Address: 4716 QUEEN LANE
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: MERRITT, CHELSEA
Address: 116 HUMMINGBIRD LANE
City-St-Zip: PALATKA, FL 32177

Title: D ( ) Delete
Name: EGRARD, VIOLETTE
Address: R115 BOX 3734
City-St-Zip: LAKE CITY, FL 32024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DP (X) Change ( ) Addition
Name: GULLIFORD, WILLIAM I.
Address: 75 BEACH AVE
City-St-Zip: ATLANTIC BEACH, FL 32233

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

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

Title: D (X) Change ( ) Addition
Name: VIOLETTE, GERARD
Address: R115 BOX 3734
City-St-Zip: LAKE CITY, FL 32024

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: WILLIAM GULLIFORD DP 02/15/2009

Electronic Signature of Signing Officer or Director Date