2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2009
Secretary of State

DOCUMENT# N42091

Entity Name: ALL SAINTS CATHOLIC MISSION INC.

Current Principal Place of Business:

3460 POWERLINE ROAD
FT. LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

3460 POWERLINE ROAD
FT. LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 65-0242064 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CAUDILL, ROBERT FATHER
3460 POWERLINE RD.
FT. LAUDERDALE, FL 33309 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: VPD ( ) Delete
Name: COLLINS, CARL
Address: 821 N.W. 34TH ST.
City-St-Zip: OAKLAND PARK, FL 33309

Title: SD ( ) Delete
Name: PARMEN, RICHARD
Address: 821 N.W. 34TH ST.
City-St-Zip: OAKLAND PARK, FL 33309

Title: PRES ( ) Delete
Name: CAUDILL, ROBERT FATHER
Address: 3460 POWERLINE ROAD
City-St-Zip: FT. LAUDERDALE, FL 33309 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change ( ) Addition
Name: HENRY, SHIRLEY
Address: 821 N.W. 34TH ST.
City-St-Zip: OAKLAND PARK, FL 33309

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: FATHER BOB CAUDILL PRES 06/02/2009

Electronic Signature of Signing Officer or Director — Date