

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 20 PM 2:20

DOCUMENT # N93000001114 (8)

1. Corporation Name

SECULAR ORDER OF MARY, INC.

Principal Place of Business

13043 PARK BLVD.
SEMINOLE FL 34646

Mailing Address

13043 PARK BLVD.
SEMINOLE FL 34646

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1993

3a. Date of Last Report

02/28/1994

4. FEI Number

59-3174394

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

27

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

GARNIER, ED
13043 PARK BLVD.
SEMINOLE FL 33706.

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

ED

P. GARNIER

SD

3-13-95

(Signature typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD
USTICK, JOHN
7995 SHADOW RUN DR.
LARGO FL 34643

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
USTICK, MARLA
7995 SHADOW RUN DRIVE
LARGO FL 34643

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TD
GARNIER, CHRIS
2804 FULTON ST. SW
LARGO FL 34644

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD
GARNIER, ED
2804 FULTON ST. SW
LARGO FL 34644

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
LEE, ROLAND
8791 15TH AVE. N
ST. PETERSBURG FL 33710

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
LEE, PATRICIA
8791 15TH AVE. N
ST. PETERSBURG FL 33710

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

PD
LEE, ROLAND
8791 15TH AVE N
ST. PETERSBURG, FL 33710

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

D - USTICK, JOHN
7995 SHADOW RUN DR
LARGO, FL 34643

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(d), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

[Signature]

ED

P. GARNIER, Sec'y

SD

3-13-95 (813) 598-4821

(Signature and name typed on printed name of signing officer or director)

Date

Telephone