

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90053 004 ****70.00

DOCUMENT #

1. Corporation Name

NA3000001114 ✓
Secular Order of Jesus, Mary and Joseph, Inc

Principal Place of Business

Mailing Address

5334 WALKER HORSE DRIVE
JACKSONVILLE, FL 32257

2. Principal Place of Business

2a. Mailing Address

21 5334 WALKER HORSE DR

26 5334 WALKER HORSE DRIVE

3. Date Incorporated or Qualified

03/03/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3174394

Applied For

Not Applicable

City & State

23 JACKSONVILLE, FL

City & State

28 JACKSONVILLE, FL

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

Zip

24 32257

Country

25 DUVAL

Zip

29 32257

Country

30 DUVAL

6. Election Campaign Financing
Trust Fund Contribution

□

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Patricia A. Lee
5334 WALKER HORSE DRIVE
JACKSONVILLE, FL 32257

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Patricia Lee

7 April 1999

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D PRESIDENT, PRIOR GENERAL □ DELETE

NAME LEE, ROLAND K
STREET ADDRESS 5334 WALKER HORSE DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32257

1.1 TITLE MEMBER □ Change □ Addition

1.2 NAME MUSTICK, JOHN
1.3 STREET ADDRESS 7995 SHADOW RUN DR
1.4 CITY-ST-ZIP LARGO, FL 34643

TITLE D SECRETARY □ DELETE

NAME LEE, PATRICIA A
STREET ADDRESS 5334 WALKER HORSE DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32257

2.1 TITLE □ Change □ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D TREASURER □ DELETE

NAME JEROME MEYER
STREET ADDRESS 2322 RUSSELL RD
CITY-ST-ZIP SIOUX FALLS, SD 57105

3.1 TITLE □ Change □ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE MEMBER □ DELETE

NAME GARNICK, CHRIS
STREET ADDRESS 2804 FULTON ST SW
CITY-ST-ZIP LARGO, FL 34844

4.1 TITLE □ Change □ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE MEMBER □ DELETE

NAME GARNICK, ED
STREET ADDRESS 2804 FULTON ST SW
CITY-ST-ZIP LARGO, FL 34844

5.1 TITLE □ Change □ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE MEMBER □ DELETE

NAME MUSTICK, MARLA
STREET ADDRESS 7995 SHADOW RUN DR
CITY-ST-ZIP LARGO, FL 34643

6.1 TITLE □ Change □ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patricia Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 April '99

9042920343

Date

Daytime Phone #

CR2E037 (11/98)