2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000004461

1. Entity Name
THE ORDER OF OUR LADY WARRIORS OF THE BLESSED VIRGIN MARY, INC.

Principal Place of Business	Mailing Address
40500 MAGGIE JONES RD P.O. BOX 806 PAISLEY, FL 32767	40500 MAGGIE JONES RD P.O. BOX 806 PAISLEY, FL 32767

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02012006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3408920

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PENSENSTADLER, ROBERT
40500 MAGGIE JONES ROAD
P.O. BOX 806
PAISLEY, FL 32767

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

H00000424800
02/18/06 80024-019 61.25

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	PENSENSTADLER, ROBERT REV.
STREET ADDRESS	40500 MAGGIE JONES RD P.O. BOX 806
CITY-ST-ZIP	PAISLEY, FL 32767
TITLE	D
NAME	CARMONA, EDWIN
STREET ADDRESS	2613 FIVE FORKS CT
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	D
NAME	PENSENSTADLER, CAROL
STREET ADDRESS	306 N. MONONGAHELA AVE
CITY-ST-ZIP	GLASSPORT, PA 15045
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rev. Robert Pensenstadler FEB. 2. 2006 952.669.5312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

REV. ROBERT PENSENSTADLER