

**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.	
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Principal Place of Business 40500 MAGGIE JONES RD P.O. BOX 806 PAISLEY, FL 32767	Mailing Address 40500 MAGGIE JONES RD P.O. BOX 806 PAISLEY, FL 32767
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02012008 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	

DO NOT WRITE IN THIS SPACE

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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**DO NOT WRITE
IN THIS SPACE**

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 withdrawing)

**Filing Fee is \$61.25
Due by May 1, 2006**

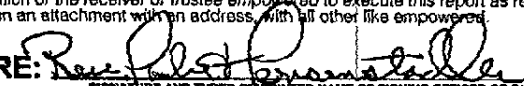
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000424000
02/18/06 80024-019 61.25

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

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
REV. ROBERT PENSENSTADLER

FEB. 2, 2006 952-669-5312
Date Daytime Phone