

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 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  
**40500 MAGGIE JONES RD  
P.O. BOX 806  
PAISLEY, FL 32767**

Mailing Address  
**40500 MAGGIE JONES RD  
P.O. BOX 806  
PAISLEY, FL 32767**



01232008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**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  
FAIRCLOTH, JERALD  
16233 PERU RD.  
UMATILLA, FL 32784**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000801589  
02/01/08-80024-011 61.25

**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:**

*Rev. Robert Pensensadler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan. 23. 08*  
Date

*352-669-5312*  
Daytime Phone #