

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90034 005 ****61.25

| | | | | | |
|--|--|--|---|--|--|
| DOCUMENT # N97000003575 | | | | | |
| 1. Entity Name SOCIETY OF SAINT PIUS X, VERO BEACH, FLORIDA, INC. | | | | | |
| Principal Place of Business 1305 OLD DIXIE HWY SW VERO BEACH, FL 32962 | | | Mailing Address 1305 OLD DIXIE HWY SW VERO BEACH, FL 32962 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-0772230 | |
| Zip | | Country | | Zip | |
| Country | | Country | | Country | |
| 6. Name and Address of Current Registered Agent DEELY, FRANK MR 136 21ST AVE VERO BEACH, FL 32962 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restoring)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE D | NAME PULVERMACHER, CARL JR | | TITLE | NAME | |
| STREET ADDRESS 4590 SW 65TH AVE. | CITY-ST-ZIP DAVIE, FL 333144315 | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE D | NAME SCHMIDBERGER, FRANZ | | TITLE | NAME | |
| STREET ADDRESS HOTTINGER GASSE 14 6020 | CITY-ST-ZIP MUNICH, GERMANY | | STREET ADDRESS CH-6313 | CITY-ST-ZIP Menzingen, SWITZERLAND | |
| TITLE VPD | NAME SELEGNY, ARNAUD | | TITLE | NAME | |
| STREET ADDRESS CH-6313 | CITY-ST-ZIP MENZINGEN, SWITZERLAND. | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE TD | NAME BAUDOT, EMERIC FR | | TITLE | NAME | |
| STREET ADDRESS CH-6313 | CITY-ST-ZIP MENZINGEN, SWITZERLAND. | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE PD | NAME FULLERTON, JOHN D | | TITLE | NAME | |
| STREET ADDRESS 2918 TRACY AVE | CITY-ST-ZIP KANSAS CITY, MO 64109 | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE DS | NAME BECK, GERARD J | | TITLE | NAME | |
| STREET ADDRESS 2918 TRACY AVE | CITY-ST-ZIP KANSAS CITY, MO 64109 | | STREET ADDRESS | CITY-ST-ZIP | |
| 12. 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 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: Fr. Gerard J. Beck/Secretary | | | Date 02/27/04 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Daytime Phone # 816-753-0073 | | |

04013396



02172004 Chg-NP CR2E037 (10/03)

Applied For
Not Applicable

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

FL Zip Code

☒ **Change** ☐ **Addition**

☐ **Change** ☐ **Addition**

☐ **Change** ☐ **Addition**

☐ **Change** ☐ **Addition**

☐ **Change** ☐ **Addition**