



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90007 021 \*\*\*\*61.25

<b>DOCUMENT # N97000003576</b>					
<b>1. Entity Name</b> SOCIETY OF SAINT PIUS X, ORLANDO, FLORIDA, INC.					
<b>Principal Place of Business</b> 2921 ORLANDO DRIVE SANFORD, FL 32773			<b>Mailing Address</b> 3460 FAIRWAY DR ORLANDO, FL 32804		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01212008    Chg-NP    CR2E037 (12/06)	
<b>4. FEI Number</b> 59-3461207				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
WRIGHT, TERESA MISS / also Director 3460 FAIRWAY DR ORLANDO, FL 32804			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>    Zip Code                 </div>		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D FELLAY, BERNARD CH-6313 MENZINGEN SWITZERLAND,	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D SCHMIDBERGER, FRANZ SCHLOSS JAIDHOF MENZINGEN, SD CH-633	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DV SELEGNY, ARNAUD CH-6313 MENZINGEN SWITZERLAND,	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	TD BAUDOT, EMERIC CH-6313 MENZINGEN, SWITZERLAND,	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DP FULLERTON, JOHN D 11485 N. FARLEY RD. PLATTE CITY, MO 64079	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DS FR. PATRICK, CRANE J 11485 N. FARLEY RD. PLATTE CITY, MO 64079	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Schloss Schwandegg Menzingen, SWITZERLAND    CH-6313 Director Pfleuger, Niklaus Schloss Schwandegg Menzingen, SWITZERLAND    CH-6313 Schloss Schwandegg Menzingen, SWITZERLAND    CH-6313 Schloss Schwandegg Menzingen, SWITZERLAND    CH-6313				
XX <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
XX <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
XX <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
XX <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
XX <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				21 Jan 2008    816-753-0073 <small>Date    Daytime Phone #</small>	