2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003576

FILED Jaņ 16, 2<u>00</u>9 Secretary of State

Entity Name: SOCIETY OF SAINT PIUS X, ORLANDO, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

2921 ORLANDO DRIVE 550 RIVERVIEW AVENUE SANFORD, FL 32773 SANFORD, FL 32773

Current Mailing Address: New Mailing Address:

3460 FAIRWAY DR ORLANDO, FL 32804

FEI Number: 59-3461207 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WRIGHT, TERESA MISS 3460 FAIRWAY DR ORLANDO, FL 32804 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition FELLAY, BERNARD FELLAY, BERNARD Name: Name: SCHLOSS SCHWANDEGG Address: SCHLOSS SCHWANDEGG Address: City-St-Zip: MENZINGEN, SW CH-636 City-St-Zip: MENZINGEN, SW CH-6313

Title: () Delete Title: (X) Change () Addition SCHMIDBERGER, FRANZ Name: PFLUGER, NIKLAUS Name:

Address: PFLEUGER, NIKLAUS Address: SCHLOSS SCHWANDEGG City-St-Zip: MONZINGEN, SW CH-633 City-St-Zip: MENZINGEN, SW CH-6313

Title: DV () Delete Title: DV (X) Change () Addition

SELEGNY, ARNAUD SELEGNY, ARNAUD Name: Name: SCHLOSS SCHWANDEGG SCHLOSS SCHWANDEGG Address: Address: City-St-Zip: MENZINGEN, SW CH-633 City-St-Zip: MENZINGEN, SW CH-6313

(X) Change () Addition Title: TD () Delete Title: TD

Name: BAUDOT, EMERIC Name: BAUDOT, EMERIC Address: SCHLOSS SCHWANDEGG Address: SCHLOSS SCHWANDEGG City-St-Zip: MENZINGEN,, SW CH-633 City-St-Zip: MENZINGEN,, SW CH-6313

Title: DΡ () Delete Title: (X) Change () Addition

FULLERTON, JOHN D ROSTAND, ARNAUD Name: Name: 11485 N. FARLEY RD. 11485 N. FARLEY RD. Address: Address: City-St-Zip: PLATTE CITY, MO 64079 City-St-Zip: PLATTE CITY, MO 64079

Title: () Delete Title: () Change () Addition

FR. PATRICK, CRANE J Name: Name: Address: 11485 N. FARLEY RD. Address: PLATTE CITY, MO 64079 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK J. CRANE DS 01/16/2009