

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004495

FILED
May 05, 2009
Secretary of State

Entity Name: THE BLUE ARMY OF OUR LADY OF FATIMA, FLORIDA, INCORPORATED

Current Principal Place of Business:

C/O NOLEN #207
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

C/O NOLEN, 4824 NE 23 AVE
APT. #3
FORT LAUDERDALE, FL 33308

Current Mailing Address:

POST OFFICE BOX 10865
POMPAÑO BEACH, FL 33061

New Mailing Address:

C/O NOLEN, 4824 NE 23 AVE
APT #3
FORT LAUDERDALE, FL 33308

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GORTH, GERRY
7811 NW 54TH CT.
FORT LAUDERDALE, FL 33351 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:

Title: D () Delete
Name: COSTEA, NICHOLAS J
Address: 7308 NORTHWEST 58TH COURT
City-St-Zip: TAMARAC, FL 33321

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD () Delete
Name: FAZZINI, RUDOLPH
Address: 617 NORTHWEST 27TH STREET
City-St-Zip: WILTON MANORS, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT () Delete
Name: NOLEN, DOROTHY
Address: 4737 NORTHEAST 25TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: DT (X) Change () Addition
Name: NOLEN, DOROTHY
Address: 4824 NORTHEAST 23RD AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: SD () Delete
Name: CERAVOLO, JULIA
Address: 801 S. FED. HWY., PH 14/APT 1214
City-St-Zip: POMPAÑO BEACH, FL 33062

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Delete
Name: GORTH, GERRY
Address: 7811 NW 54 CT
City-St-Zip: FORT LAUDERDALE, FL 33351

Title: () Change () Addition
Name:
Address:
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: DOROTHY M. NOLEN

TREA

05/05/2009

Electronic Signature of Signing Officer or Director

_____ Date