2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000000339

1. Entity Name

SAINTS PERPETUA AND FELICITY CATHOLIC CHURCH, INC.



FILED Mar 13, 2006 08:00 AM Secretary of State

Principal Place of Business

705 13TH ST. ST. CLOUD, FL 34769

Mailing Address
P.O. BOX 702192

SAINT CLOUD, FL 34770



DO NOT WRITE IN THIS SPACE

03022006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 59-3498543

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

MORALES, BERNARD F REV 705 13TH ST. ST. CLOUD, FL 34769

DO NOT WRITE IN THIS SPACE

ST. CLOUD, FL 34769			IN THIS SPACE		
	named entity submits this statement for the points of registered agent. Signature, typed or printed name of registated agent and this fi			nih, in the State of Florida II am familiar with, and accept	
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIRECT DP MORALES, BERNARDO F REV.FR. 705 13TH ST. ST. CLOUD, FL 34769 D CASTRO, MARY 3435 VILLAGE GREEN SAINT CLOUD, FL 34772 D MOLANO, MARILYANA 102 BIT COURT KISSIMMEE, FL 34743	TORS		1000000465305 05/22/06-80031-002 70.00 NOT WRITE THIS SPACE	
NAME STOCET ADDOCES				· ····-	

12. I hereby certify that the information supplied with this filling does not quality 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 10 in changed, or on an attachment with an address, with all other tike empowered.

SIGNATURE:

CITY-ST-ZIP
TITLE
HAME
STREET ADDRESS
CITY-ST-ZIP

STORATORE AND TYPED OR VEHITED MAME OF STORING OFFICER OR DIRECTOR

3-10-2006:X

407 4980333.Have 407-4142397.cell

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