## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 13, 2007 8:00 am DOCUMENT # N9800000339 ... **Secretary of State** 02-13-2007 90010 018 \*\*\*\*70.00 SAINTS PERPETUA AND FELICITY CATHOLIC CHURCH, Mailing Address Principal Place of Business 705 13TH ST. P.O. BOX 702192 ST. CLOUD FL 34769 SAINT CLOUD FL 34770 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) Applied For City & State City & State 4. FEI Number 59-3498543 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORALES, BERNARD F REV Street Address (P.O. Box Number is Not Acceptable) 705 13TH ST. ST. CLOUD FL 34769 Zip Cōdė 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 Signature, typed or praited name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DAIL 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11, Delete HILE TITLE Channe ■ Addition NAME MORALES, BERNARDO F REV.FR. STREET ADDRESS 705 13TH ST. STREET LADORESS CITY ST ZIP ST. CLOUD FL 34769 CITY ST ZIP Guillermo Molano 102 Bit Court Delete Ш NAMI NAME CASTRO, MARY STRIFT ADDRESS STREET ADDRESS 3435 VILLAGE GREEN Kissimmee, FL 34743 CITY ST ZIP CHY SI ZIP SAINT CLOUD FL 34772 пп ☐ Defete HILE ☐ Addition NAME NAME MOLANO, MARILYANA SIBILL ADDRESS SHILL LAUDIN SE 102 BIT COURT CHY ST-ZIP KISSIMMEE FL 34743 CHY SL-ZIP RH ☐ Delete HIII □ Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY ST-7IP CHY ST 7IP ☐ Delete 11111 ☐ Change ☐ Addition 11111 NAME NAME STREET ADDRESS STRULT ADDRESS CHY-ST-7P CHY ST-7IP HILL ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 eath; 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.

CITY ST ZIP

CHY-ST-ZIP

SIGNATURE: Besuche Mariles BERNARdo F. Morales 2-5-2007 407 498 0333

SIGNATURE AND TYPEPOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dale Dayling Phone #