2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001967

City-St-Zip:

Entity Name: THE SOCIETY OF THE HOLY COVENANT, INC.

FILED Mar 09, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 14880 SOUTHEAST 47TH COURT SUMMERFIELD, FL 344914002 **Current Mailing Address: New Mailing Address:** 14880 SOUTHEAST 47TH COURT SUMMERFIELD, FL 344914002 FEI Number: 65-0846864 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: MCCLEERY, CHARLES WESLEY MCCLEERY, CHARLES WESLEY PRES. 14880 SOUTHEAST 47TH COURT 14880 SOUTHEAST 47TH COURT SUMMERFIELD, FL 344914002 SUMMERFIELD, FL 344914002 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: CHARLES WESLEY MCCLEERY 03/09/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MCCLEERY, CHARLES WESLEY Name: Name: 14880 SOUTHEAST 47TH COURT Address: Address: City-St-Zip: SUMMERFIELD, FL 344914002 City-St-Zip: Title: () Delete Title: () Change () Addition WYLAND, KEITH M Name: Name: Address: 15 JUNIPER PASS COURSE Address: City-St-Zip: OCALA, FL 34480 City-St-Zip: Title: () Delete Title: () Change () Addition MCCLEERY, MICHAEL WESLEY Name: Name: 1005 CATHERINE STREET Address: Address: City-St-Zip: KISSIMMEE, FL 34741 City-St-Zip: Title: VTD () Delete Title: VD (X) Change () Addition Name: MCCLEERY, PATMIEK WESLY Name: MCCLEERY, PATRICK WESLEY 71 E WESCHLER AVE. Address: 71 E WESCHLER AVE. Address: ERIE, PA 16502 City-St-Zip: ERIE, PA 16502 City-St-Zip: Title: () Delete Title: () Change (X) Addition MCCLEERY, LELA G Name: Name: 14880 SOUTHEAST 47TH COURT Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SUMMERFIELD, FL 34491

SIGNATURE: CHARLES WESLEY MCCLEERY PD 03/09/2004