

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002746

FILED
May 01, 2009
Secretary of State

Entity Name: THE ORDER OF CELTIC BENEDICTINES, INC.

Current Principal Place of Business:

ANAMCARA ABBEY CHANCERY
85447 BLACKMON ROAD
YULEE, FL 32097

New Principal Place of Business:

Current Mailing Address:

ANAMCARA ABBEY CHANCERY
85447 BLACKMON ROAD
YULEE, FL 32097

New Mailing Address:

FEI Number: 59-3511269 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

BUCKANS, CHARLOTTE R
ANAMCARA ABBEY
85447 BLACKMON RD.
YULEE, FL 32097 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:

Title: PD () Delete
Name: BUCKANS, CHARLOTTE R
Address: 85447 BLACKMON ROAD
City-St-Zip: YULEE, FL 32097

Title: VD () Delete
Name: BUCKANS, WILLIAM C
Address: 85447 BLACKMON RD
City-St-Zip: YULEE, FL 32097

Title: SD () Delete
Name: RUSSELL, SHIRLEY M
Address: 5125 W. 107TH ST.
City-St-Zip: JACKSONVILLE, FL 32244

Title: SD () Delete
Name: OGLESBY, FRANCES
Address: 85242 BLACKMON ROAD
City-St-Zip: YULEE, FL 32097

Title: TD () Delete
Name: OGLESBY, JIMMY D
Address: 85242 BLACKMON ROAD
City-St-Zip: YULEE, FL 32097

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: CHARLOTTE R BUCKANS

PD

05/01/2009

Electronic Signature of Signing Officer or Director

Date