2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N98000004172

Entity Name: THE MARIAN SERVANTS OF THE BLESSED SACRAMENT, INC.

Current Principal Place of Business:

34 OCEAN AVE
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

34 OCEAN AVE
ST. AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 59-3530817 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDWARDS, PAMELA
34 OCEAN AVE
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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: D ( ) Delete
Name: EDWARDS, PAMELA
Address: 226 MAYAN TERRACE
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D ( ) Delete
Name: TRIGLIA, JOAN
Address: 7619 HOLLYRIDGE CIRCLE
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Delete
Name: HEMSOTH, DIANE
Address: 2643 TACITO TRL
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Delete
Name: GORNIAK, GERARD
Address: 850 A1A BEACH BLVD #119
City-St-Zip: SAINT AUGUSTINE, FL 32080

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:

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: GERARD GORNIAK DIR 04/29/2008

Electronic Signature of Signing Officer or Director Date