

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004172

FILED  
Apr 29, 2008  
Secretary of State

**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: GORNIAC, 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 GORNIAC

DIR

04/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date