

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004172

**FILED**  
**Mar 30, 2012**  
**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  
Name: EDWARDS, PAMELA  
Address: 226 MAYAN TERRACE  
City-St-Zip: ST. AUGUSTINE, FL 32084

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

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

Title: D  
Name: KACZOROWSKI, JOANN  
Address: 12433 TOUCAN DR  
City-St-Zip: JACKSONVILLE, FL 32223

I hereby 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 all other like empowered.

SIGNATURE: PAMELA EDWARDS

D

03/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date