


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90115 040 \*\*\*\*61.25

<b>DOCUMENT # N99000002224</b>					
1. Entity Name OUR LADY OF SORROWS CHAPEL OF ATONEMENT CHURCH ASSOCIATION INC.					
Principal Place of Business 180 EILEEN AVENUE ALTAMONTE SPRINGS, FL 32714		Mailing Address 180 EILEEN AVENUE ALTAMONTE SPRINGS, FL 32714			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3572744	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GAUVIN, AIME H 180 EILEEN AVENUE ALTAMONTE SPRINGS, FL 32714			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DPST <input type="checkbox"/> Delete	TITLE	Administrator <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GAUVIN, AIME H	NAME	Jon Eting		
STREET ADDRESS	180 EILEEN AVENUE	STREET ADDRESS	190 Eileen Ave		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	CITY-ST-ZIP	Altamonte Springs, FL 32714		
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GAUVIN, KATHRYN	NAME			
STREET ADDRESS	180 EILEEN AVENUE	STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CALVELLI, NANCY	NAME			
STREET ADDRESS	2620 ELMHURST ST	STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CALVELLI, DONNA	NAME			
STREET ADDRESS	833 BROOKSTONE DR	STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAY, FRANCIS H	NAME			
STREET ADDRESS	828 EBB DR	STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Aime H. Gauvin</i>		AIME H. GAUVIN		1/5/2006 407-969-8590	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	