


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000002224


1. Entity Name
 OUR LADY OF SORROWS CHAPEL OF ATONEMENT CHURCH ASSOCIATION INC.



Principal Place of Business Mailing Address

180 EILEEN AVENUE 180 EILEEN AVENUE
 ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714

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01062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3572744	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GAUVIN, AIME H
 180 EILEEN AVENUE
 ALTAMONTE SPRINGS, FL 32714

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

000000578826
 01/09/07-80045-013 61.25

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	GAUVIN, AIME H
STREET ADDRESS	180 EILEEN AVENUE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	V
NAME	GAUVIN, KATHRYN
STREET ADDRESS	180 EILEEN AVENUE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	D
NAME	CALVELLI, NANCY
STREET ADDRESS	2620 ELMHURST ST
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	D
NAME	CALVELLI, DONNA
STREET ADDRESS	833 BROOKSTONE DR
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	D
NAME	DAY, FRANCIS H
STREET ADDRESS	828 EBB DR
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	ADM
NAME	ETLING, JON
STREET ADDRESS	180 EILEEN AVENUE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714

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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: *Aime H. Gauvin (DPST)* 1-6-07 407-869-9590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #