

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002224

FILED
Jan 08, 2009
Secretary of State

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

Current Principal Place of Business:

180 EILEEN AVENUE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

180 EILEEN AVENUE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-3572744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAUVIN, AIME H
180 EILEEN AVENUE
ALTAMONTE SPRINGS, FL 32714 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: DPST () Delete
Name: GAUVIN, AIME H
Address: 180 EILEEN AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: V () Delete
Name: GAUVIN, KATHRYN
Address: 180 EILEEN AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: CALVELLI, NANCY
Address: 2620 ELMHURST ST
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D () Delete
Name: CALVELLI, DONNA
Address: 833 BROOKSTONE DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D () Delete
Name: DAY, FRANCIS H
Address: 828 EBB DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: ADM () Delete
Name: ETILING, JON
Address: 180 EILEEN AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ADM (X) Change () Addition
Name: ETILING, JON
Address: 2421 EMERALD ROSE WAY
City-St-Zip: APOPKA, FL 32712

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: JON ETILING

ADM

01/08/2009

Electronic Signature of Signing Officer or Director

Date