


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90200 046 \*\*\*\*61.25

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| <b>DOCUMENT # N99000005280</b><br>1. Entity Name<br><b>THE SAINT LEO ABBEY FOUNDATION, INC.</b>  |  |  |  |   |  |
| Principal Place of Business<br>33601 SR 52<br>ST LEO, FL 33574   |  |  | Mailing Address<br>P O 2350<br>SAINT LEO, FL 33574-2350      |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                    |  |  |  |
| City & State<br>Saint Leo, FL 33574  |  | City & State<br>Saint Leo, FL 33574  |  | 4. FEI Number<br>59-3649733  |  |
| Zip<br>33574   |  | Country<br>FL  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>VELTEN, ROBERT</b><br>33601 SR 52<br>SAINT LEO, FL 33574   |  |  |  | 7. Name and Address of New Registered Agent<br>Name <u>Camacho, Isaac</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>33601 SR 52</u><br>City <u>Saint Leo</u> <u>FL</u> Zip Code <u>33574</u> |  |
| 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.<br>SIGNATURE <u>Isaac Camacho</u> <u>Isaac Camacho, President</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |  |  |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2008</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make check payable to Florida Department of State</b>   |  |  |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>KESSELL, SUSAN<br>12611 ABBEY DR<br>DADE CITY, FL 335258187       | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P/D<br>VELTEN, ROBERT<br>33601 SR 52<br>SAINT LEO, FL 33574            | <input checked="" type="checkbox"/> Delete                                       |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S/D<br>CAMACHO, ISAAC<br>33601 SR 52<br>ST LEO, FL 33574               | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>SOODER, KARL<br>1209 ROYAL OAK DR<br>WINTER SPRINGS, FL 327084310 | <input checked="" type="checkbox"/> Delete                                       |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P/D<br>CAMACHO, ISAAC<br>33601 SR 52<br>SAINT LEO, FL 33574            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T/D<br>CLARKE, MATTHEW<br>33601 SR 52<br>SAINT LEO, FL 33574           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>LARSON, RICHARD<br>17745 NATHANS DRIVE<br>TAMPA, FL 33647         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |  |  |  |
| 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. |  |  |  |  |  |
| <b>SIGNATURE:</b> <u>Isaac Camacho</u> <u>Isaac Camacho</u> <u>4-25-08</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |  |  |  |  |

ATTACHMENT

60034279

# Saint Leo Abbey Foundation

PO Box 2350 • Saint Leo, Florida 33574-2350  
 (352) 588-8624 • Fax (352) 588-5217 • [www.saintleoabbey.org/](http://www.saintleoabbey.org/)

Document #N99000005280

The Saint Leo Abbey Foundation, Inc.

FEI Number: 59-3649733

## 10. Officers and Directors

Title D  
 Name Hallett, James  
 Street Address 33601 SR 52  
 City-St-Zip Saint Leo, FL 33574

Delete

Title D  
 Name Hoge, James  
 Street Address 33601 SR 52  
 City-St-Zip Saint Leo, FL 33574

Delete

Title D  
 Name McKechnie, Bud  
 Street Address 104 Hickory Tree Road  
 City-St-Zip Longwood, FL 32750

Delete

Title D  
 Name Butler, Stephen  
 Street Address 12630 Tradition Drive  
 City-St-Zip Dade City, FL 33525

Delete

## 11. Additions/Changes to Officers and Directors in 10

Title  
 Name  
 Street Address  
 City-St-Zip

Change  
 Addition

Title S/D  
 Name  
 Street Address  
 City-St-Zip

☒ Change  
 Addition

Title  
 Name  
 Street Address  
 City-St-Zip

Change  
 Addition

Title  
 Name  
 Street Address  
 City-St-Zip

Change  
 Addition

Signature:

*+ Isaac Camacho*

Isaac Camacho

4-25-08

Signature and Typed or Printed Name of Signing Officer or Director

Date

