

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90003 047 ****61.25

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1. Entity Name
SOCIETY OF SAINT DISMAS, INC.

Principal Place of Business
2011 MERCY DRIVE
ORLANDO, FL 32808

Mailing Address
2011 MERCY DRIVE
ORLANDO, FL 32808

34039834



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07012004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

59-3532902

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COSTANTINO, FRANK
2055 MERCY DRIVE
ORLANDO, FL 32808-5629

Name - *Costantino, Frank*

Street Address (P.O. Box Number is Not Acceptable)

2011 Mercy Drive

City

Orlando

FL

Zip Code

32805

8. The above named *agent* 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/1/04

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME CONSTANTINO, BISHOP FRANK
STREET ADDRESS 2011 MERCY DRIVE
CITY-ST-ZIP ORLANDO, FL 32808

TITLE D ☐ Delete
NAME BROWN, CHARLES
STREET ADDRESS 2055 MERCY DRIVE
CITY-ST-ZIP ORLANDO, FL 328085629

TITLE D ☐ Delete
NAME CONSTANTINO-BROWN, LORI
STREET ADDRESS 2011 MERCY DR.
CITY-ST-ZIP ORLANDO, FL 32808

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME *Costantino, Bishop Frank*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME *Brown, Charles*
STREET ADDRESS *2011 Mercy Drive*
CITY-ST-ZIP *Orlando, Fl. 32805*

TITLE ☒ Change ☐ Addition
NAME *Costantino-Brown, Lori*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/1/04