



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State
POSTED

DOCUMENT # N99000006712	
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
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DO NOT WRITE IN THIS SPACE

	
01142005 No Chg-NP	CR2E037 (10/03)
4. FEI Number 59-3532902	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	
COSTANTINO, FRANK 2011 MERCY DRIVE ORLANDO, FL 32805	

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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	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COSTANTINO, BISHOP FRANK 2011 MERCY DRIVE ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, CHARLES 2011 MERCY DRIVE ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COSTANTINO-BROWN, LORI 2011 MERCY DR. ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	02-01-05	407-522-8587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #