


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90029 015 \*\*\*\*61.25

<b>DOCUMENT # N99000006712</b> 1. Entity Name SOCIETY OF SAINT DISMAS, INC.					
Principal Place of Business 2001 MERCY DR STE 101 ORLANDO, FL 32808			Mailing Address 2001 MERCY DR STE 101 ORLANDO, FL 32808		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3532902</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  LOWMAN, WILLIAM R JR 1000 LEGION PL STE 1700 ORLANDO, FL 32801				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DS	<input type="checkbox"/> Delete			
NAME	DAVIDSON, SCOTT D				
STREET ADDRESS	9259 LAKE FISCHER BLVD				
CITY - ST - ZIP	GOTHA, FL 34734				
TITLE	DT	<input type="checkbox"/> Delete			
NAME	BROWN, CHARLES				
STREET ADDRESS	5519 BAY SIDE DR				
CITY - ST - ZIP	ORLANDO, FL 32819				
TITLE	DP	<input type="checkbox"/> Delete			
NAME	COSTANTINO-BROWN, LORI				
STREET ADDRESS	5519 BAY SIDE DR				
CITY - ST - ZIP	ORLANDO, FL 32819				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
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 changes empowered.					
SIGNATURE: <u>Lori Costantino</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <u>4/21/08</u> Daytime Phone #: <u>401-291-1500</u>					