2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16126

FILED Jun 12, 2005 Secretary of State

Entity Name: DAUGHTERS OF ST. PAUL, INC.

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Current Principal Place of Business:		New Principal Place of Business:	
50 ST. PAUL BOSTON, MA 02130 Current Mailing Address:		50 ST. PAUL'S AVENUE BOSTON, MA 02130 New Mailing Address:	
n accordan	04-2966563 FEI Number Applied For () ce with s. 607.193(2)(b), F.S., the corporation did not	•	
name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:	
BOROBIA, 145 SW 10 MIAMI, FL			
	named entity submits this statement for the pu e of Florida.	rpose of changing its registered office or registered agent, or bo	
SIGNATUF	RE:		
	Electronic Signature of Registered Ager	t Date	
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
Fitle: Name: Address: City-St-Zip:	PD () Delete SANTOS, GERMANA 50 ST. PAUL'S AVENUE BOSTON, MA 02130	Title: PD (X) Change () Addition Name: MEAGHER, MARGARET M Address: 50 ST. PAUL'S AVENUE City-St-Zip: BOSTON, MA 02130	
Fitle: Name: Address: Dity-St-Zip:	D () Delete MEAGHER, MARGARET 50 ST PAUL'S AVE BOSTON, MA 02130	Title: VD (X) Change () Addition Name: ARRUDA, JOAN A Address: 50 ST PAUL'S AVE City-St-Zip: BOSTON, MA 02130	
Fitle: Name: Address: City-St-Zip:	S () Delete HEFFERNAN, EILEEN T 50 ST. PAUL'S AVENUE BOSTON, MA 02130	Title: S (X) Change () Addition Name: SPLAINE, ELIZABETH Address: 50 ST. PAUL'S AVENUE City-St-Zip: BOSTON, MA 02130	
Fitle: Name: Address: City-St-Zip:	VD () Delete SATO, MARGARET R 50 ST. PAUL'S AVENUE BOSTON, MA 02130	Title: D (X) Change () Addition Name: KERRY, MARGARET M Address: 50 ST. PAUL'S AVENUE City-St-Zip: BOSTON, MA 02130	
Fitle: Name: Address: Dity-St-Zip:	T () Delete DUHAYLONSOD, LILY 50 ST. PAUL'S AVENUE BOSTON, MA 02130	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	D () Delete MOSS, MARY ELIZABETH 50 ST. PAUL'S AVENUE BOSTON, MA 02130	Title: () Change () Addition Name: Address: City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LILY DUHAYLONSOD T 06/12/2005