

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16126

FILED
Jan 29, 2008
Secretary of State

Entity Name: DAUGHTERS OF ST. PAUL, INC.

Current Principal Place of Business:

50 ST. PAUL'S AVENUE
BOSTON, MA 02130

New Principal Place of Business:

Current Mailing Address:

50 ST. PAUL'S AVENUE
BOSTON, MA 02130

New Mailing Address:

FEI Number: 04-2966563

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEWART, SOPHIE
145 SW 107TH AVE
MIAMI, FL 33174 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MEAGHER, MARGARET M
Address: 50 ST. PAUL'S AVENUE
City-St-Zip: BOSTON, MA 02130

Title: VD () Delete
Name: ARRUDA, JOAN A
Address: 50 ST PAUL'S AVE
City-St-Zip: BOSTON, MA 02130

Title: S () Delete
Name: SPLAINE, ELIZABETH
Address: 50 ST. PAUL'S AVENUE
City-St-Zip: BOSTON, MA 02130

Title: D () Delete
Name: KERRY, MARGARET M
Address: 50 ST. PAUL'S AVENUE
City-St-Zip: BOSTON, MA 02130

Title: T () Delete
Name: DUHAYLONSOD, LILY
Address: 50 ST. PAUL'S AVENUE
City-St-Zip: BOSTON, MA 02130

Title: D () Delete
Name: MOSS, MARY ELIZABETH
Address: 50 ST. PAUL'S AVENUE
City-St-Zip: BOSTON, MA 02130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SR LILY DUHAYLONSOD

T

01/29/2008

Electronic Signature of Signing Officer or Director

Date