2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P25794

1. Entity Name
PROVINCE OF THE MOST SACRED HEART OF JESUS, THIRD ORDER REGULAR OF ST. FRANCIS, INCORPORATED

Principal Place of Business	Mailing Address
PO BOX 137 LORETTO, PA 15940 US	P.O BOX 188 LORETTO, PA 15940 US

DO NOT WRITE IN THIS SPACE

01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number
25-1064181
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SALEM, ALBERT M., JR., ESQ.
4600 W KENNEDY BLVD
TAMPA, FL 33609

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000438952
03/02/06-80021-015 70.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ORAVEC, CHRISTIAN
STREET ADDRESS	ST. FRANCIS FRIARY
CITY-ST-ZIP	LORETTO, PA 15940
TITLE	V
NAME	HENRY, THOMAS
STREET ADDRESS	HOLY SPIRIT FRIARY
CITY-ST-ZIP	STEUBENVILLE, OH 43952
TITLE	S
NAME	DAVIS, RICHARD
STREET ADDRESS	HOLY SPIRIT FRIARY
CITY-ST-ZIP	STEUBENVILLE, OH 43952
TITLE	T
NAME	MCBRIDE, MARK
STREET ADDRESS	MT ASSISI MONASTERY
CITY-ST-ZIP	LORETTO, PA
TITLE	D
NAME	LYONS, PETER
STREET ADDRESS	2111 ASHLAND AVE
CITY-ST-ZIP	BALTIMORE, MD 21205
TITLE	D
NAME	ZEIS, GABRIEL
STREET ADDRESS	ST. FRANCIS FRIARY
CITY-ST-ZIP	LORETTO, PA 15940

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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 other like empowered.

SIGNATURE: Br Mark Mc Bride OP 2/13/2006 (814)623-2840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #