

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90035 049 ****61.25

DOCUMENT # P25794

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



Principal Place of Business
PO BOX 137
LORETTO, PA 15940 US

Mailing Address
P.O BOX 188
LORETTO, PA 15940 US

40019126



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02092007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
25-1064181

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME ORAVEC, CHRISTIAN
STREET ADDRESS ST. FRANCIS FRIARY
CITY-ST-ZIP LORETTO, PA 15940

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME HENRY, THOMAS
STREET ADDRESS HOLY SPIRIT FRIARY
CITY-ST-ZIP STEUBENVILLE, OH 43952

TITLE ☒ Change ☐ Addition
NAME Henry, Terence
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME DAVIS, RICHARD
STREET ADDRESS HOLY SPIRIT FRIARY
CITY-ST-ZIP STEUBENVILLE, OH 43952

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME MCBRIDE, MARK
STREET ADDRESS MT ASSISI MONASTERY
CITY-ST-ZIP LORETTO, PA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LYONS, PETER
STREET ADDRESS 2111 ASHLAND AVE
CITY-ST-ZIP BALTIMORE, MD 21205

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ZEIS, GABRIEL
STREET ADDRESS ST FRANCIS FRIARY
CITY-ST-ZIP LORETTO, PA 15940

TITLE ☐ Change ☐ Addition
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 other like empowered.

SIGNATURE: Brother Mark J. C. Buda TOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 12, 2007 (S14) 693-2840
Date Daytime Phone #