2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# P25794

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

Current Principal Place of Business:

131 SAINT FRANCIS DRIVE
LORETTO, PA 15940 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 188
LORETTO, PA 15940 US

New Mailing Address:

FEI Number: 25-1064181 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALEM, ALBERT M., JR., ESQ.
4600 W KENNEDY BLVD
TAMPA, FL 33609 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:	P	( ) Delete
Name:	ORAVEC, CHRISTIAN	
Address:	ST. FRANCIS FRIARY	
City-St-Zip:	LORETTO, PA 15940	
Title:	V	( ) Delete
Name:	POLICHNOWSKI, NICHOLAS	
Address:	SAINT LOUIS FRIARY	
City-St-Zip:	WASHINGTON, DC 20017	
Title:	S	( ) Delete
Name:	DAVIS, RICHARD	
Address:	HOLY SPIRIT FRIARY	
City-St-Zip:	STEUBENVILLE, OH 43952	
Title:	T	( ) Delete
Name:	VANTASSELL, MALACHI	
Address:	SAINT FRANCIS FRIARY	
City-St-Zip:	LORETTO, PA 15940	
Title:	D	( ) Delete
Name:	LYONS, PETER	
Address:	2111 ASHLAND AVE	
City-St-Zip:	BALTIMORE, MD 21205	
Title:	D	( ) Delete
Name:	ZEIS, GABRIEL	
Address:	ST FRANCIS FRIARY	
City-St-Zip:	LORETTO, PA 15940	

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: MALACHI VAN TASSELL T 01/26/2009

Electronic Signature of Signing Officer or Director — Date