

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monrham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 PM 1:59

DOCUMENT # P36027 (1)

1. Corporation Name

THE MISSIONARY SOCIETY OF ST. PAUL THE APOSTLE I
N THE STATE OF NEW YORK, INC.

Principal Place of Business

Mailing Address

1225 - 20TH AVENUE
VERO BEACH FL 32960

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VERO BEACH FL 32960

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/18/1991
3a. Date of Last Report 03/18/1994

4. FEI Number 13-1624092
Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

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

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

22 City & State

27 City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCLEAN, JAMES F
THE PAULIST FATHERS
1225 20 AVE
VERO BEACH FL 32960-3782

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~CP~~
NAME ~~GALLAGHER, JOSEPH V.~~
STREET ADDRESS ~~88 DROMORE ROAD~~
CITY-ST-ZIP ~~SCARSDALE NY~~

1.1 TITLE CP Change Addition
1.2 NAME DeSiano, Frank P.
1.3 STREET ADDRESS 86 Dromore Road
1.4 CITY-ST-ZIP Scarsdale, NY 10583

TITLE ~~VS~~
NAME ~~O'BRIEN, DAVID W.~~
STREET ADDRESS ~~88 DROMORE ROAD~~
CITY-ST-ZIP ~~SCARSDALE NY~~

2.1 TITLE VS Change Addition
2.2 NAME O'Donnell, Robert J.
2.3 STREET ADDRESS 86 Dromore Road
2.4 CITY-ST-ZIP Scarsdale, NY 10583

TITLE ~~D~~
NAME ~~UTENDORF, JAMES M.~~
STREET ADDRESS ~~88 DROMORE ROAD~~
CITY-ST-ZIP ~~SCARSDALE NY~~

3.1 TITLE D Change Addition
3.2 NAME Jones, Thomas W.
3.3 STREET ADDRESS 86 Dromore Road
3.4 CITY-ST-ZIP Scarsdale, NY 10583

TITLE D
NAME LYNCH, KEVIN
STREET ADDRESS 415 WEST 50TH STREET
CITY-ST-ZIP NEW YORK CITY NY

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE T
NAME KELLY, PATRICK
STREET ADDRESS 88 DROMORE ROAD
CITY-ST-ZIP SCARSDALE NY

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frank P. DeSiano C.S.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 25, 1995 407-562-0500
Date Daytime Phone #

The Vary Reverend Frank P. DeSiano, C.S.P.