## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

Principal Place of Business

DOCUMENT # P36027

(1)

Mailing Address

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

		1225 - 20TH AVENUE VERO BEACH FL 32960				
				<ol> <li>Date Incorporated or Qualified</li> <li>10/18/1991</li> </ol>	3a. Date of Last 02/01/1	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For
21		26		13-1624092		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing     Trust Fund Contribution		O May Be d to Fees
Zip	Country	Zip	Country	8. This corporation has liability for int	tangible tax under s	199.032,
24	25		30	Florida Statutes	Yes XXNo	
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
				intwell, William J	_	
MOLEAN, JAMEO F			82 Street Add	lress (P.O. Box Number is Not Acceptable ne Paulist Fathers	<del>,</del> )	
THE PAULIOT FATHERS				e Paulist Fathers		
1225-20-AVE-			83 12	25 - 20th Avenue		
VERO-BEACH-FL-92999-9792-			84 City	20th Aveilde	<b>85</b> 2	p Code
			Ve	ro Beach	FL Ibo	ዕራሰ- ለፓርኃ
1). FullStath to the provisions of Sections of Library and bit 1508. Florida Statutes, the above named corporation exhibition this etotoment to the assessment of the above named corporation of the above named corporat						
familiar with, and accept the obligations of periods. Such chairs always authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am						
SIGNATURE A Milleri Martur Ly. William J. Cantwell, C.S.P. January 19, 1996						
		Brid arie ir atspicacijo (NOTE: I	Registered Agent signature require	od when reinstating)	DATE	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	DRS IN 12
TITLE	CP	DELETE	1.1 TITLE		Change	Addition Addition
NAME	DESIANO, FRANK P		1.2 NAME			
STREET ADDRESS	86 DROMORE ROAD		1.3 STREET ADDRESS			
CITY-SI-ZIP	SCARSDALE NY		1.4 CITY - ST - ZIP			
THLE	VS	DELETE	2.1 TITLE		Change	Addition
NAME	O'DONNELL, ROBERT J		2.2 NAME			
STREET ADDRESS	86 DROMORE ROAD		2.3 STREET ADDRESS			
CITY - ST - ZIP	SCARSDALE NY		2.4 CiTY-ST-ZIP			
THILE	D	DELETE	3.1 TITLE		Change	Addition
NAME	JONES, THOMAS W		3.2 NAME			
STREET ADDRESS	86 DROMORE ROAD		3.3 STREET ADDRESS			
CITY - ST - ZIP	SCARSDALE NY		3.4 CITY-ST-ZIP			
TITLE	D	DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME	LYNCH, KEVIN		4. 2 NAME			
STREET ADDRESS	415 WEST 59TH STREET		4.3 STREET ADDRESS			
CHY-ST-ZIP	NEW YORK CITY NY		4.4 CITY - ST - ZIP			
TITLE	Ť	DELETE	5.1 TITLE		Change	☐ Addition
NAME	KELLY, PATRICK		5.2 NAME			
STREET ADDRESS	86 DROMORE ROAD		5.3 STREET ADDRESS			
CiTY-SI-ZiP	SCARSDALE NY		54 CITY-ST-ZIP			
TITLE		DELETE	61 TITLE		☐ Change	☐ Addition
NAME			62 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			
CITY-ST-ZIP		·	6.4 CITY-ST-ZIP			
				or the exemption stated in Section 119.07		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.						

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECT OF

January 19, 1996 (

(407) 562-0500