

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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 <b>1225 - 20TH AVENUE VERO BEACH FL 32960</b>	Mailing Address <b>1225 - 20TH AVENUE VERO BEACH FL 32960-3782</b>
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3. Date incorporated or Qualified <b>10/18/1991</b>	3a. Date of Last Report <b>01/24/1996</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip Country	<b>28</b> Zip Country
<b>24</b> Zip Country	<b>29</b> Zip Country
<b>25</b> Country	<b>30</b> Country

4. FEI Number <b>13-1624092</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CANTWELL, WILLIAM J  
THE PAULIST FATHERS  
1225 20TH AVE.  
VERO BEACH FL 32960**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>CP</b>	NAME <b>DESIANO, FRANK P</b>	1.1 TITLE <b>CPD</b>	1.2 NAME <b>DeSiano, Francis P.</b>
STREET ADDRESS <b>88 DROMORE ROAD</b>	CITY-ST-ZIP <b>SCARSDALE NY</b>	1.3 STREET ADDRESS <b>86-11 Midland Parkway</b>	1.4 CITY-ST-ZIP <b>Jamaica Estates, New York 11432</b>
TITLE <b>VS</b>	NAME <b>O'DONNELL, ROBERT J</b>	2.1 TITLE <b>VSD</b>	2.2 NAME <b>O'Donnell, Robert J.</b>
STREET ADDRESS <b>88 DROMORE ROAD</b>	CITY-ST-ZIP <b>SCARSDALE NY</b>	2.3 STREET ADDRESS <b>86-11 Midland Parkway</b>	2.4 CITY-ST-ZIP <b>Jamaica Estates, New York 11432</b>
TITLE <b>D</b>	NAME <b>JONES, THOMAS W</b>	3.1 TITLE <b>D</b>	3.2 NAME <b>Jones, Thomas W.</b>
STREET ADDRESS <b>88 DROMORE ROAD</b>	CITY-ST-ZIP <b>SCARSDALE NY</b>	3.3 STREET ADDRESS <b>86-11 Midland Parkway</b>	3.4 CITY-ST-ZIP <b>Jamaica Estates, New York 11432</b>
TITLE <b>D</b>	NAME <b>LYNCH, KEVIN</b>	4.1 TITLE <b>D</b>	4.2 NAME <b>Lynch, Kevin</b>
STREET ADDRESS <b>415 WEST 59TH STREET</b>	CITY-ST-ZIP <b>NEW YORK CITY NY</b>	4.3 STREET ADDRESS <b>415 West 59th Street</b>	4.4 CITY-ST-ZIP <b>New York City, New York 10019</b>
TITLE <b>T</b>	NAME <b>KELLY, PATRICK</b>	5.1 TITLE <b>D</b>	5.2 NAME <b>Kullmann, Charles R.</b>
STREET ADDRESS <b>88 DROMORE ROAD</b>	CITY-ST-ZIP <b>SCARSDALE NY</b>	5.3 STREET ADDRESS <b>415 West 59th Street</b>	5.4 CITY-ST-ZIP <b>New York City, New York 10019</b>
TITLE <b>T</b>	NAME <b>Carey, Robert M.</b>	6.1 TITLE <b>T</b>	6.2 NAME <b>Carey, Robert M.</b>
STREET ADDRESS <b>86-11 Midland Parkway</b>	CITY-ST-ZIP <b>Jamaica Estates, New York 11432</b>	6.3 STREET ADDRESS <b>86-11 Midland Parkway</b>	6.4 CITY-ST-ZIP <b>Jamaica Estates, New York 11432</b>

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Francis P. DeSiano* Francis P. DeSiano, C.S.P., President 1-14-97 (718) 291-5995

CR2E037 (9/96)