

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90194 025 ****70.00

DOCUMENT # P36027

1. Entity Name

THE MISSIONARY SOCIETY OF ST. PAUL THE APOSTLE I

Principal Place of Business

Mailing Address

1225 - 20TH AVENUE
 VERO BEACH FL 32960

1225 - 20TH AVENUE
 VERO BEACH FL 32960-3782

00004426



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-1624092

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

CONNELLAN, THOMAS J
THE PAULIST FATHERS
1225 20TH AVE
VERO BEACH FL 32960

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CPD	<input type="checkbox"/> Delete
NAME	DESIANO, FRANK P	
STREET ADDRESS	86-11 MIDLAND PARKWAY	
CITY-ST-ZIP	JAMACIA ESTATES NY	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	KALLOCK, MICHAEL J	
STREET ADDRESS	86-11 MIDLAND PARKWAY	
CITY-ST-ZIP	JAMACIA ESTATES NY 11432	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, THOMAS W	
STREET ADDRESS	86-11 MIDLAND PARKWAY	
CITY-ST-ZIP	JAMACIA ESTATES NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUFFY, JOHN F	
STREET ADDRESS	415 WEST 59TH STREET	
CITY-ST-ZIP	NEW YORK CITY NY 11432	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOADT, LAWERENCE	
STREET ADDRESS	608 ISHAM ST.	
CITY-ST-ZIP	NEW YORK CITY NY 10034	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CAREY, ROBERT M	
STREET ADDRESS	86-11 MIDLAND PARKWAY	
CITY-ST-ZIP	JAMACIA ESTATES NY	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Campbell, Donald C.	
STREET ADDRESS	86-11 Midland Parkway	
CITY-ST-ZIP	Jamaica Estates, NY 11432	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Thomas J. Connellan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REG. AGENT

1/6/2000

Date

561-562-0500

Daytime Phone #