

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90014 028 ****70.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P36027
 1. Entity Name
THE MISSIONARY SOCIETY OF ST. PAUL THE APOSTLE I

Principal Place of Business Mailing Address
1225 - 20TH AVENUE **1225 - 20TH AVENUE**
VERO BEACH FL 32960 **VERO BEACH FL 32960**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
13-1624092 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
CONNELLAN, THOMAS J
THE PAULIST FATHERS
1225 20TH AVE
VERO BEACH FL 32960

7. Name and Address of New Registered Agent
 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

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, LAWRENCE	
STREET ADDRESS	608 ISHAM ST.	
CITY-ST-ZIP	NEW YORK CITY NY 10034	
TITLE	T	<input type="checkbox"/> Delete
NAME	CAMPBELL, DONALD C	
STREET ADDRESS	86-11 MIDLAND PARKWAY	
CITY-ST-ZIP	JAMAICA NY 11432	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Date: 1/2/01 Daytime Phone #: 561-562-0500

CR2E037 (10/00)