


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P36027**

**1. Entity Name**  
 THE MISSIONARY SOCIETY OF ST. PAUL THE APOSTLE  
 IN THE STATE OF NEW YORK, INC.



<b>Principal Place of Business</b> 1225 - 20TH AVENUE VERO BEACH, FL 32960	<b>Mailing Address</b> 1225 - 20TH AVENUE VERO BEACH, FL 32960
--	--



01072004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 13-1624092	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b>	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE IN THIS SPACE**

**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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	CPD
<b>NAME</b>	DUFFY, JOHN F
<b>STREET ADDRESS</b>	86-11 MIDLAND PARKWAY
<b>CITY-ST-ZIP</b>	JAMAICA, NY 11432
<b>TITLE</b>	VSD
<b>NAME</b>	KALLOCK, MICHAEL J
<b>STREET ADDRESS</b>	86-11 MIDLAND PARKWAY
<b>CITY-ST-ZIP</b>	JAMACIA ESTATES, NY 11432
<b>TITLE</b>	D
<b>NAME</b>	CONNORS, SREPHEN J
<b>STREET ADDRESS</b>	86-11 MIDLAND PARKWAY
<b>CITY-ST-ZIP</b>	JAMAICA, NY 11432
<b>TITLE</b>	D
<b>NAME</b>	SULLIVAN, JEREMIAH D
<b>STREET ADDRESS</b>	415 WEST 59TH STREET
<b>CITY-ST-ZIP</b>	NEW YORK, NY 10019
<b>TITLE</b>	D
<b>NAME</b>	BOADT, LAWERENCE
<b>STREET ADDRESS</b>	608 ISHAM ST.
<b>CITY-ST-ZIP</b>	NEW YORK CITY, NY 10034
<b>TITLE</b>	T
<b>NAME</b>	CAMPBELL, DONALD C
<b>STREET ADDRESS</b>	86-11 MIDLAND PARKWAY
<b>CITY-ST-ZIP</b>	JAMAICA, NY 11432

**DO NOT WRITE IN THIS SPACE**

U00000003165  
 01/13/04-80045-003 70.00

**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* **THOMAS J CONNELLAN** **TREASURER** **1/8/04 772-562-0500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #