


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 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.**



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

DO NOT WRITE IN THIS SPACE



01122005 No Chg-NP CR2E037 (10/03)

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 13-1624092 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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**

**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, 2005**

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

U00000183382
01/19/05-80065-004 70.00

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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** 1/11/05 772-562-0500

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