


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90049 032 ****70.00

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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-1624092	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUFFY, JOHN F		NAME		
STREET ADDRESS	88-11 MIDLAND PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	JAMAICA, NY 11432		CITY-ST-ZIP		
TITLE	VSD	<input checked="" type="checkbox"/> Delete	TITLE	VSD MORAN, JAMES W.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KALLOCK, MICHAEL J		NAME		
STREET ADDRESS	88-11 MIDLAND PARKWAY		STREET ADDRESS	86-11 MIDLAND PARKWAY	
CITY-ST-ZIP	JAMACIA ESTATES, NY 11432		CITY-ST-ZIP	JAMAICA ESTATES, NY 11432	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D DESIANO, FRANCIS P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYNCH, KEVIN A		NAME		
STREET ADDRESS	415 W. 59TH STREET		STREET ADDRESS	86-11 MIDLAND PARKWAY	
CITY-ST-ZIP	WASHINGTON, DC 20019		CITY-ST-ZIP	JAMAICA ESTATES, NY 11432	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, JEREMIAH D		NAME		
STREET ADDRESS	415 WEST 59TH STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10019		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOADT, LAWRENCE		NAME		
STREET ADDRESS	608 ISHAM ST.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK CITY, NY 10034		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, DONALD C		NAME		
STREET ADDRESS	88-11 MIDLAND PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	JAMAICA, NY 11432		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Thomas J. Connellan</u>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			Date		Daytime Phone #
			1/26/07		772-562-0500