2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State
05-09-2006 90080 018 ****70.00

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1. Entity Name

APOSTOLATE OF THE PRECIOUS BLOOD, INC.

Principal Place of Business	Mailing Address
633 FULTON ROAD #56 TALLAHASSEE FL 32312-2220	PO BOX 3372 TALLAHASSEE FL 32315-3372

1st MOORE CR2E037 (10/05)

2. Principal Place of Business	3. Mailing Address
2626 E. PARK AVE.	PO BOX 15851
Suite, Apt. #, etc.: 13201	Suite, Apt. #, etc.:
City & State: TALLAHASSEE, FL	City & State: TALLAHASSEE, FL
Zip: 32301 Country: USA	Zip: 32317 Country: USA

4. FEI Number: 86-1139582 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FASON, PATRICIA
633 FULTON ROAD #56
TALLAHASSEE FL 32312-2220

7. Name and Address of New Registered Agent

Name: PATRICIA FASON
Street Address (P.O. Box Number is Not Acceptable): 2626 E. PARK AVE
SUITE 13201
City: TALLAHASSEE FL Zip Code: 32301

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: Patricia A. Fason PATRICIA A. FASON 5/1/06
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
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DELGADO, OSCAR MR. 5107 S BLACKSTONE #1203 CHICAGO IL 60615	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COWDREY, ALINE MRS. 137 WANDERING TRAIL JUPITER FL 33458	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY LINUS AKAEGBU 2626. E. PARK AVE #13201 TALLAHASSEE, FL. 32301 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ESHIOWU, EVARISTUS FR. PO BOX 430, ORLU IMO STATE NIGERIA 473001	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SPIRITUAL DIRECTOR FR. PETER CLAVER UGOAGWU 301 ANN STREET NEWBURGH, NY 12550 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS FASON, PATRICIA 633 FULTON ROAD #56 TALLAHASSEE FL 32312-2220	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EXECUTIVE DIRECTOR/TREAS. PATRICIA A. FASON 2626 E. PARK AVE #13201 TALLAHASSEE, FL 32301 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ABLE, TERRI MS. 463 PUMPKIN DRIVE PALM BCH GARDENS FL 33410	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT ABEL, TERRY MS. 10944 SW HARTWICK DR PORT ST. LUCIE, FL 34987 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Patricia A. Fason PATRICIA A. FASON 5/1/06 850-577-0607