

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000005614

1. Entity Name  
APOSTOLATE OF THE PRECIOUS BLOOD, INC.



Principal Place of Business  
2626 EAST PARK AVE  
SUITE 13201  
TALLAHASSEE, FL 32301

Mailing Address  
PO BOX 15851  
TALLAHASSEE, FL 32317

FILED  
07 MAY -1 PM 2:20

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #  
3423 EAGLE'S BLUFF TRACE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05012007 Chg-NP CR2E037 (12/06)

City & State  
TALLAHASSEE, FL

City & State

4. FEI Number  
86-1139582

Applied For  
Not Applicable

Zip  
32310

Country  
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FASON, PATRICIA  
2626 EAST PARK AVE  
SUITE 13201  
TALLAHASSEE, FL 32301

Name  
PATRICIA FASON  
Street Address (P.O. Box Number is Not Acceptable)  
3423 EAGLE'S BLUFF TRACE  
City  
TALLAHASSEE FL Zip Code  
32310

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*

1 MAY 07

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2007

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  
6324 S. INGLESIDE #2  
CHICAGO, IL 60637 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
AKAEGBU, LINUS  
2626 EAST PARK AVE SUITE 13201  
TALLAHASSEE, FL 32301 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EDITOR-IN-CHIEF  
FR. ANTHONY ANOKETE  
500 GOODE STREET  
HOUMA, LA 70361 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
VGOAGWU, PETER C FR  
301 ANN ST  
NEWBURGH, NY 12550 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
FR. PETER CLAVER UGOAGWU ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EDT  
FASON, PATRICIA  
2626 EAST PARK AVE SUITE 13201  
TALLAHASSEE, FL 32301 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
3423 EAGLE'S BLUFF TRACE  
TALLAHASSEE, FL 32310 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
ABLE, TERRI MS.  
10944 SW HARTWICK DR  
PORT SAINT LUCIE, FL 34987 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SECRETARY/VP  
TERRY ABEL ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*[Signature]* ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000101627250  
05/07/07--01002--018 \*\*70.00 ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 MAY 07

Date

850-577-0607

Daytime Phone #