

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90019 018 \*\*\*\*61.25

**50001108**



<b>DOCUMENT # F02000003500</b> 1. Entity Name <b>MARIANIST PROVINCE OF THE UNITED STATES, INC.</b>					
Principal Place of Business <b>4425 W. PINE BLVD. ST. LOUIS, MO 63108</b>			Mailing Address <b>4425 W. PINE BLVD. ST. LOUIS, MO 63108</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>03-0415363</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	<b>DP</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GLODEK, STEPHEN M SM</b>		NAME		
STREET ADDRESS	<b>4425 W. PINE BLVD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ST. LOUIS, MO 63108</b>		CITY-ST-ZIP		
TITLE	<b>DV</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FITZ, JAMES SM</b>		NAME		
STREET ADDRESS	<b>4425 W. PINE BLVD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ST. LOUIS, MO 63108</b>		CITY-ST-ZIP		
TITLE	<b>DT</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DIX, RICHARD SM</b>		NAME		
STREET ADDRESS	<b>4425 W. PINE BLVD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ST. LOUIS, MO 63108</b>		CITY-ST-ZIP		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE	<b>O'Grady, Michael, SM</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DWYER, TIMOTHY SM</b>		NAME	<b>4425 West Pine Blvd.</b>	
STREET ADDRESS	<b>4425 W. PINE BLVD.</b>		STREET ADDRESS	<b>St. Louis, Missouri 63108</b>	
CITY-ST-ZIP	<b>ST. LOUIS, MO 63108</b>		CITY-ST-ZIP		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KENNEY, TIMOTHY SM</b>		NAME		
STREET ADDRESS	<b>4425 W. PINE BLVD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ST. LOUIS, MO 63108</b>		CITY-ST-ZIP		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LACKNER, JOSEPH SM</b>		NAME		
STREET ADDRESS	<b>4425 W. PINE BLVD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ST. LOUIS, MO 63108</b>		CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b>			<b>Richard Dix, SM</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>1/5/05</b> (314) 533-1207 Daytime Phone #		