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May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733675 (3)

1. Corporation Name
NATIVITY MEN'S CLUB OF THE CHURCH OF THE NATIVIT
Y, INC.



Principal Place of Business Mailing Address
5220 JOHNSON STREET 5220 JOHNSON STREET
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021-5720

3. Date Incorporated or Qualified 08/25/1975
3a. Date of Last Report 03/18/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30
4. FEI Number 59-1649528 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SCHLICHTE, PAUL G.
2134 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0902 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Paul G. Schlichte* Paul G. Schlichte DATE

12. OFFICERS AND DIRECTORS
TITLE PD CASPANELLO, JOHN V. DELETE
NAME
STREET ADDRESS 3815 CLEVELAND ST.
CITY-ST-ZIP HOLLYWOOD FL
TITLE VD LACEY, ROBERT DELETE
NAME
STREET ADDRESS 9520 SW 8TH ST.
CITY-ST-ZIP PEMBROKE PINES FL
TITLE TD FIEDLER, JOHN J. DELETE
NAME
STREET ADDRESS 6950 SW 1ST CT.
CITY-ST-ZIP PEMBROKE PINES FL
TITLE S BASTEN, CARL DELETE
NAME
STREET ADDRESS 5510 POLK ST
CITY-ST-ZIP HOLLYWOOD FL
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME (D) JIM WILLIAMS
1.3 STREET ADDRESS 5441 BUCHANAN ST.
1.4 CITY-ST-ZIP HOLLYWOOD FL 33021
2.1 TITLE Change Addition
2.2 NAME (V) CARL BUONOMO
2.3 STREET ADDRESS 5030 POLK ST
2.4 CITY-ST-ZIP HOLLYWOOD FL 33021
3.1 TITLE Change Addition
3.2 NAME (D) CARL BUONOMO
3.3 STREET ADDRESS 5030 POLK ST
3.4 CITY-ST-ZIP HOLLYWOOD FL 33021
4.1 TITLE Change Addition
4.2 NAME (D) MIKE CALLAHAN
4.3 STREET ADDRESS 4720 MADISON ST
4.4 CITY-ST-ZIP HOLLYWOOD FL 33021
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME 400002146984
6.3 STREET ADDRESS -04/17/97--01101--026
6.4 CITY-ST-ZIP ***245.00

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED *Carl* Date 3-19-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0021640

CR2E037 (9/96)