FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733675

1. Corporation Name

NATIVITY MEN'S CLUB OF THE CHURCH OF THE NATIVITY, INC.

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

2. Principal Place of Business

Mailing Address

2a. Mailing Address

5220 JOHNSON STREET HOLLYWOOD FL 33021-5720

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90016 008 ***245.00

3. Date Incorporated or Qualifed

24	500 S. 200000	26	26				08/25/1975						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				4.	FEI Number		\sqcap	Applied Fo	r	
2			27					59-1649 528			Not Applica	able	
City & State	e		City & State				5	Certificate of Status Desired			5 Additiona	ıl	
23		28	28				J.	Certificate of Status Desired		Fee	Required		
Zip	CountryZipCour				6. Election Campaign Financing				\$5.00 May Be				
24	25 29 30					Trust Fund Contribution					d to Fees		
Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent						
				81	l	Name							
SCHLICHTE, PAUL G.					2	Street Addres	ss (F	P.O. Box Number is Not Acceptable)					
2134 HOLLYWOOD BLVD.					\perp							<u></u>	
HOLLYWOOD FL 33020					3							i	
					-	City	_			85 Z	p Code		
					_				<u>L</u>				
11. Pursuant	11. Pursuant to the provisions of Sections 617,0502 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, Lam familiaf with, and accept the obligations of, Section 617.0503, Florida Statutes													
SIGNATURE 111 (CCCC)													
erignature, typed or printed prime of registered agent and title if applicable (NOTE: Registered 12. OFFICERS AND DIRECTORS 13.						signature required s		TORS IN 1	_				
12.	PD OFFICERS AND	□ DELETE	1.1 TITLE				Abbilions of Mindes via a contract		☐ Chang				
TITLE	-			1 2 NAME	!					_		1	
NAME					1.3 STREET ADDRESS								
STREET ADDRESS													
CITY-ST-ZIP	HOLLYWOOD FL 33021	TWOOD FL 33021 14:			51-4	T-ZIP				☐ Chang	je 🗌 Ad	dition	
TITLE	·-·		- December 1	2.2 NAME								ľ	
NAME	BOOMO, OAKE				2.3 STREET ADDRESS							1	
STREET ADDRESS						CITY-ST-ZIP							
CITY-ST-ZIP						- 219	☐ Change					Idition	
TITLE	S D		_ Bellete	3 2 NAME						_		Ì	
NAME	CALLAHAN, MIKE					DDDEEC							
STREET ADDRESS	4720 MADISON ST.			3 3 STREE									
CITY-ST-ZIP	HOLLYWOOD FL 33021		DELETE	3.4 CITY-	S1-	· ZIP				☐ Chang	ne ∏Ad	dition	
TITLE	CARDANIELLO JOHN		□ occe₁c	4.1 TITLE 4 2 NAME	:							-	
NAME	CASPANELLO, JOHN					LDDDCcc.							
STREET ADDRESS	3815 CLEVELAND ST			4 3 STREE		1							
CITY-ST-ZIP	HOLLYWOOD FL 33021		☐ DELETE	4.4 CITY-1	S1-7	ZIP				Chang	e ∏Ad	dition	
TITLE			الما ما م	52 NAME		ì							
NAME				53 STREE		ADDRESS							
STREET ADDRESS				54 CITY-3									
CITY-ST-ZIP			☐ DELETE	61 TITLE						Chang	e Ad	dition	
TITLE				62 NAME						_ `			
NAME				63 STREE		ADDRESS							
STREET ADDRESS				J		[
CITY-ST-ZIP				6.4 CITY-5	ء-اد	LIF					 		

4. 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 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 of an attachment with an address, with all other like empowered.

SIGNATURE:

NONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON SIRECTOR

1/25/99

954, 987-3300 Daytime Phone # CR2E037 (11/98)