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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 PM 3:39

DOCUMENT # 733833 (8)

1. Corporation Name

NATIVITY GUILD OF THE CHURCH OF THE NATIVITY, IN
C.

Principal Place of Business

Mailing Address

NATIVITY, INC.
5220 JOHNSON STREET
HOLLYWOOD FL 33021

NATIVITY, INC.
5220 JOHNSON STREET
HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/12/1975	3a. Date of Last Report 08/10/1994
4. FEI Number 59-0865839	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHLICHTE, PAUL G.
2134 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33020

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	ZAHN, PATRICIA C.	1.2 NAME	KNOTHE, BERNICE
STREET ADDRESS	721 N. CRESCENT DR.	1.3 STREET ADDRESS	101 N. 32nd AVENUE
CITY - ST - ZIP	HOLLYWOOD FL	1.4 CITY - ST - ZIP	HOLLYWOOD, FL. 33021
TITLE	VD	2.1 TITLE	VS
NAME	PONCE, MARIA T.	2.2 NAME	NONE
STREET ADDRESS	5300 WASHINGTON ST., STE. L339	2.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	SD
NAME	OCHS, GRACE	3.2 NAME	DIARS, ANNE
STREET ADDRESS	5709 JACKSON ST.	3.3 STREET ADDRESS	5011 GARFIELD STREET
CITY - ST - ZIP	HOLLYWOOD FL	3.4 CITY - ST - ZIP	HOLLYWOOD, FL. 33021
TITLE	T	4.1 TITLE	T
NAME	SCHMEISSER, VIVIANNE	4.2 NAME	SCHMEISSER, VIVIANNE
STREET ADDRESS	4201 N. OCEAN DR., STE. 506	4.3 STREET ADDRESS	4201 N. OCEAN DR. STE. 506
CITY - ST - ZIP	HOLLYWOOD FL	4.4 CITY - ST - ZIP	HOLLYWOOD, FL. 33019
TITLE	S	5.1 TITLE	S
NAME	TUDINO, IRENE	5.2 NAME	OCHS, GRACE
STREET ADDRESS	3520 JACKSON ST., STE. 205	5.3 STREET ADDRESS	5709 JACKSON STREET
CITY - ST - ZIP	HOLLYWOOD FL	5.4 CITY - ST - ZIP	HOLLYWOOD, FL. 33021
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

SIGNATURE:

Patricia C. Zahn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/95

Date

787-9300

Telephone #