

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **740908** (9)

1. Corporation Name

THE CATHEDRAL OF JESUS OF NAZARETH, INC.

Principal Place of Business

Mailing Address

**14322 NORTH BOULEVARD
TAMPA FL 33613**

**14322 NORTH BOULEVARD
TAMPA FL 33613**



3. Date Incorporated or Qualified

11/29/1977

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 14322 North Blvd.

26 14322 North Blvd.

4. FEI Number

59-2501243

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Tampa, Florida

28 Tampa, Florida

Zip

Country

Zip

Country

24 33613

25 Hillsborough

30 33613

31 Hillsborough

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LORETO, EUGENIO N BISHOP
14322 NORTH BOULEVARD
TAMPA FL 33613**

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 617.0502 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D LORETO, EUGENIO N**
STREET ADDRESS **14322 N. BLVD.**
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **D GORING, WILLIS R**
STREET ADDRESS **15829 HAMPTON VILLAGE DR.**
CITY-ST-ZIP **TAMPA FL 33618**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **D. Morales, Jesusa P.**
2.3 STREET ADDRESS **13307 Kremeria Way**
2.4 CITY-ST-ZIP **Tampa, Florida 33626-2923**

TITLE ☒ DELETE
NAME **D LORETO, LOURDES U MD**
STREET ADDRESS **15829 HAMPTON VILLAGE DR.**
CITY-ST-ZIP **TAMPA FL 33618**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **D. Hamilton, Abigail L.**
3.3 STREET ADDRESS **2550 Stag Run Blvd., Apt. 732**
3.4 CITY-ST-ZIP **Clearwater, Florida 34625**

TITLE ☐ DELETE
NAME **D LORETO, LOURDES U MD**
STREET ADDRESS **4327 MIDDLE LAKE DR.**
CITY-ST-ZIP **TAMPA FL 33624**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **T BEAUDRY, AMORNINA**
STREET ADDRESS **12422 CARDIFF DR.**
CITY-ST-ZIP **TAMPA FL 33625**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **T. Bautista, Pinky L.**
5.3 STREET ADDRESS **2089 Joel Court**
5.4 CITY-ST-ZIP **Clearwater, Florida 33683**

TITLE ☐ DELETE
NAME **T COSTALES, EUGENE M**
STREET ADDRESS **2939 E. HESTER ST.**
CITY-ST-ZIP **INVERNESS FL 33650**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Lourdes U. Loreto MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

1/26/96 (813) 877-3902

CR2E037 (12/95)