

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90736 005 \*\*\*\*61.25

DOCUMENT # F000000000340

1. Entity Name

SOUTHEAST CATHOLIC WORLDWIDE MARRIAGE  
ENCOUNTER, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

883 CROSS GATES BLVD

Suite, Apt. #, etc.

3. Mailing Address

883 CROSS GATES BLVD

Suite, Apt. #, etc.

City & State

SLIDELL LA

City & State

SLIDELL LA

Zip

70461

Country

Zip

70461

Country

4. FEI Number

72-1448929

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name SNYDER, DAVID L.

Street Address (P.O. Box Number is Not Acceptable)

3905 TURNBURY DR

City

VALRICO

FL

Zip Code

33594

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25  
Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT HUGHES, DENNIS, REV 8400 MINARCH DR PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT SNYDER, LUCY 3905 TURNBURY DR VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY-TREASURER SNYDER, DAVID 3905 TURNBURY DR VALRICO FL 33594
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR GRAVES, ROBERT 3407 N. WESTMERLAND DR ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR GRAVES, TRUDY 3407 N. WESTMERLAND DR ORLANDO FL 32804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR NUÑEZ, PHILLIP, REV. 4301 S. CHICKSAW TR ORLANDO FL 32825

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

David L. Snyder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID L. SNYDER - SECRETARY/TREASURER

5/20/02

Date

(813) 684-6579

Daytime Phone #

CR2E037B (12/01)