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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortliam . . . .

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # N 138 49 THE TRADITIONAL CATHOLIC CHURCHES OF FLORIDA INCORPORATED

SIGNATURE: NEV. WILLIAM L. ARS ENAULY - Par. Hilliagn
BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

FILED Apr 15 1997 8:00am Secretary of State

Principal Prace			ng Address	_				
	TENTH AVE, SO	· · · · · ·		TENTH AV	•	l .		
% RE1	V. WILLIAM L.	ARSENAULT	40 Re	V. WILLIAM	L ARSENA	9 # 4 #		
GULP)	PORT, FLORIDA	33707	Goipp	bat, FL .	83707	3. Date Incorporated or Qualified  02/18/198-1	3a. Date of 0//9/	. '
	iace of Business		Mailing Address			4. FEI Number	1 7 7	Applied For
21		26	-			59-2819111	•	Not Applicab
Suite, Apt	#, etc		luite, Apt. #, etc.				□ \$8	.75 Additional
22		27				5. Certificate of Status Desired	<u> </u>	Fee Required
City & State	c	c	ity & State			6. Election Campaign Financing	\$	5.00 May Be
23		28				Trust Fund Contribution	<u> </u>	dded to Fees
7:p • •	Country	<del>} - 1</del>	ρÞ	Country	y	This corporation has liability for in	- ~	
24	25	of Current Register	rod Agent	30]			Yes No	
	9. Name and Address	OI COMMIN Mediates	red Agent	81	Name	10. Name and Address of New Reg	Aistered Wilein	
ARSEA	VAULT WILL	MAN L		<u> </u>				<del></del>
ARSENAULT, WILLIAM L, SAOL TENTH AVE. SOUTH				82 Stree		ddress (P.O. Box Number is Not Acceptable)		
				83		/V/ <del>//</del>		
GULFP	war FL 33°	707						
•				84	City		EI 85	Zip Code
11 Pursuant (	to the provisions of Section	ne 617 0502 and 617	1508 Florida Sta	tutes the shou	e-named corp	poration submits this statement for the pr	urnose of char	noina ite renietere
office or n	egistered agent, or both, it	n the State of Florida.	Such change wa	is authorized bi	y the corporat	ion's board of directors. I hereby accep		
agerit. Fai	m familiar with, and accep	t the obligations of, 5	Section 617.0503,	Florida Statute	S.			
	·							
SIGNATURE _	S. a. dur. Jurnal or treated runs, etc.	e li alti bee freen bourte ces	nool cable (A	OTE Repretered An	and pinnest tree rectain	and when ye notalized	DATE	
	Signature, typed or printed name of OFF	registered agent and tile it a		OTE Registered Ag	ent signature requir	ed when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRI	ECTORS IN 12
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