

FILE NOW: FILING FEE IS \$61.25

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Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N13849 (7)

1. Corporation Name
**THE TRADITIONAL CATHOLIC CHURCHES OF FLORIDA INC
ORPORATED**

Principal Place of Business 5206 TENTH AVE., SOUTH C/O REV. WILLIAM L. ARSENAULT GULFPORT FL 33707 US	Mailing Address 5206 TENTH AVENUE SOUTH C/O REV. WILLIAM L. ARSENAULT GULFPORT FL 33707-3663
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2. Principal Place of Business 21 5206 - 10th Ave. South Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State Gulfport, Florida	27 City & State
23 Zip 33707	28 Country
24	25
29	30

3. Date Incorporated or Qualified 02/28/1986	3a. Date of Last Report 01/29/1996
4. FEI Number 59-2869111	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ARSENAULT, WILLIAM L.
5206 FIFTH AVENUE SOUTH
GULFPORT FL 33707**

10. Name and Address of New Registered Agent

81 Name
Rev. Robert Gumienny

82 Street Address (P.O. Box Number is Not Acceptable)
5011 VILLAGE GARDENS DRIVE

83

84 City
SARASOTA, FL

85 Zip Code
34234

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	ARSENAULT, WILLIAM L.	
STREET ADDRESS	5206 TENTH AVENUE SO.	
CITY-ST-ZIP	GULFPORT FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ARSENAULT, LAWRENCE W.	
STREET ADDRESS	5206 TENTH AVE.,S.	
CITY-ST-ZIP	GULFPORT FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ARSENAULT, MURIEL B.	
STREET ADDRESS	5206 TENTH AVENUE SO.	
CITY-ST-ZIP	GULFPORT FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GUMIENNY, RT. REV MSGR R	
1.3 STREET ADDRESS	5011 VILLAGE GARDENS DRIVE	
1.4 CITY-ST-ZIP	SARASOTA FL 34234	
2.1 TITLE	TTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PINTZOW, HERMAN	
2.3 STREET ADDRESS	3223 LOCKWOOD RIDGE RD #198	
2.4 CITY-ST-ZIP	SARASOTA, FL 34234	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 on an attachment with an address.

CR2E037 (9/96)