

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

0085337

05-02-2001 90058 040 ****61.25

DOCUMENT # N17443

1. Entity Name

WORD AND LIFE CATHOLIC MINISTRY, INC.

Principal Place of Business

3730 COCONUT CREEK PKWY
 STE 190
 COCONUT CREEK FL 33066
 US

Mailing Address

PO BOX 93-5150
 MARGATE FL 33093

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2733101

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FITZGERALD, J. PATRICK
110 MERRICK WAY, SUITE 3-B
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW:
FEE IS \$61.25

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 Delete
 NAME **P CASTELLANUS, RICARDO C FR**
 STREET ADDRESS **3730 COCONUT CREEK PKWY, STE 190**
 CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE Delete
 NAME **D WARREN, WALTER**
 STREET ADDRESS **7807 NW 68 TERRACE**
 CITY-ST-ZIP **TAMARAC FL-33321**

TITLE Delete
 NAME **T VASQUEZ, ANTHONY G**
 STREET ADDRESS **6161 COUNTRY FAIR CIR**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE Delete
 NAME **D BYMEL, MARY**
 STREET ADDRESS **2118 NE 56TH PL**
 CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE Delete
 NAME **S CENATUS, MARIE J**
 STREET ADDRESS **841 LYONS RD 24107**
 CITY-ST-ZIP **COCONUT CREEK FL 33063**

TITLE Delete
 NAME **D D'ANGELO, JOSEPH**
 STREET ADDRESS **1123 SW 5TH ST.**
 CITY-ST-ZIP **BOCA RATON FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **T VASQUEZ, ANTHONY G**
 STREET ADDRESS **14675 HIDEAWAY LN**
 CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 of 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

Daytime Phone #

CR2E037 (10/00)