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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # N18439 (2)
1. Corporation Name
MEN'S CLUB OF QUEEN OF PEACE MISSION, INC.

Principal Place of Business Mailing Address

6455 S.W. STATE RD.200
OCALA FL 34476
US 34476

6455 S.W. STATE RD.200
OCALA FL 34476
US 34476

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/24/1986** 3a. Date of Last Report **03/07/1994**

4. FEI Number **NOT APPLICABLE** 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

ORLANDO, JOSEPH F.
5809 SW 108TH STREET
OCALA FL 32876

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	- PD -	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	- REARDON, ED	1.2 NAME	WILLIAM J. PFEIFFER
STREET ADDRESS	- 7140 SW 90TH STREET	1.3 STREET ADDRESS	8832 S.W. 108TH STREET
CITY - ST - ZIP	- Ocala FL	1.4 CITY - ST - ZIP	OCALA, FL 34481
TITLE	- VPB -	2.1 TITLE	VPB <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	- ZANETTI, GENE	2.2 NAME	MICHAEL TORCO
STREET ADDRESS	- 7140 SW 90TH STREET	2.3 STREET ADDRESS	5050 S.W. 84TH STREET
CITY - ST - ZIP	- Ocala FL	2.4 CITY - ST - ZIP	OCALA, FL 34476
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNALLY, FRANKLIN	3.2 NAME	
STREET ADDRESS	8954 SW 103RD LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	3.4 CITY - ST - ZIP	
TITLE	- TD -	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	- HAUSGMANN, WILLIAM	4.2 NAME	WILLIAM J. O'BRIEN
STREET ADDRESS	- 8460 SW 105TH PLACE	4.3 STREET ADDRESS	10809 S.W. 87TH COURT
CITY - ST - ZIP	- Ocala FL	4.4 CITY - ST - ZIP	OCALA, FL 34481
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DOHERTY, PATRICK J.	5.2 NAME	
STREET ADDRESS	6455 S.W. STATE RD.200	5.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William J. Pfeiffer Date: 30 March 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (904) 873-2181