

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90012 047 ****61.25

DOCUMENT # N25886

1. Entity Name

BAHAMAS MISSION OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**110 MERRICK WAY
 SUITE 3-B
 CORAL GABLES FL 33134
 US**

**110 MERRICK WAY
 SUITE 3-B
 CORAL GABLES FL 33134-5236
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0054842

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

7. Name and Address of New Registered Agent

**FITZGERALD, J. PATRICK
 110 MERRICK WAY
 SUITE 2-C
 CORAL GABLES FL 33134**

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 **D** Delete
 NAME **MOSS, PRESTON A.**
 STREET ADDRESS **PO BOX N8187 N/A**
 CITY-ST-ZIP **NASSAU, BAHAMAS**

TITLE **D** Delete
 NAME **CULMER, ALFRED**
 STREET ADDRESS **PO BOX N8187 N/A**
 CITY-ST-ZIP **NASSAU, BAHAMAS**

TITLE **D** Delete
 NAME **BURKE, LAWRENCE A**
 STREET ADDRESS **PO BOX N8187 N/A**
 CITY-ST-ZIP **NASSAU, BAHAMAS**

TITLE **AS** Delete
 NAME **J. PATRICK FITZGERALD**
 STREET ADDRESS **110 MERRICK WAY, STE 2-C**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Delete
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 CITY-ST-ZIP

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

SIGNATURE: Most Rev. Lawrence A. Burke, S.J.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 31st, 2000 (242) 322

Date

Daytime Phone #