

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N47139

1. Corporation Name

LAY APOSTOLATE FOUNDATION, INC.

Principal Place of Business
801 S. Federal Highway
Apt. 1106
Pompano Beach, Fl. 33062

Mailing Address
801 S. Federal Highway
Apt. 1106
Pompano Beach, Fl. 33062

3. Date Incorporated or Qualified
2/3/92

3a. Date of Last Report
3/23/94

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

4. FEI Number

65-0326413

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

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

De Nicola, Stachi
801 S. Federal Highway
Pompano Beach, Florida 33062

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TPT
NAME: Haffert, John M.
STREET ADDRESS: 801 S. Federal Highway
CITY-ST-ZIP: Pompano Beach, Florida 33062

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TVS
NAME: Haffert, Patricia M.
STREET ADDRESS: 801 S. Federal Highway
CITY-ST-ZIP: Pompano Beach, Florida 33062

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

T
NAME: Denicola, Stacia
STREET ADDRESS: 801 S. Federal Highway
CITY-ST-ZIP: Pompano Beach, Florida 33062

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

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NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. Haffert

Apr. 26, 1996 (954) 491-7940
(908) 689-7589
(954) 943-4485

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