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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

## DOCUMENT # N9400000982 (8)

RADIO PEACE CATHOLIC BROADCASTING, INC.

|  |                                |   |                                  |                                      |   |  | <u> </u>                                       |                              |
|--|--------------------------------|---|----------------------------------|--------------------------------------|---|--|--|------------------------------|
| Principal Place of Business Mailing Address  |                                |   |                                  |                                      |   |  |  | <u>ja i 1911a jiai 198</u> 1 |
| 1779 NW 28 ST. 1779 NW 28 ST.  |                                |   |                                  |                                      |   |  |  |                              |
| SUITE 1  |                                | SUITE 1                                 |                                  |                                      |   |  |  |                              |
| MIAMI FL 33142 MIAMI FL 33172  |                                |   |                                  |                                      |   |  |  |                              |
|  |                                | US                                      |                                  |                                      | <ol> <li>Date Incorporated or Qualified<br/>02/28/1994</li> </ol> | 3a. Date of Las<br>05/01/                    |  |                              |
| 2. Principal Pla   | ace of Business                | 2a. Mailing Address                     |                                  |                                      |   | 4. FEI Number                                |  | Applied For                  |
| Suite, Apt. #, etc.  |                                | 26                                      |                                  |                                      |   | 65-0478741 Not Applicable                    |  |                              |
| 22   | w, etc.                        | Suite, Apt. #, etc.                     |                                  |                                      |   | 5. Certificate of Status Desired             | <b>\$8.7</b>                                   | 5 Additional                 |
| City & State   |                                | 27                                      | City & State                     |                                      |   | J. Continuate of Status Desired              | Fee  | Required                     |
| 23   |                                | 28                                      |                                  |                                      |   | 6. Election Campaign Financing \$5.00 May Be |  |                              |
| Zip  | Country                        | Zip Country                             |                                  |                                      | Trust Fund Contribution Added to Fees                             |  |  |                              |
| 24   | 25 29 30                       |   |                                  | • This corporation has liability for |   | 8. This corporation has liability for inta   | intangible tax under s. 199.032,<br>☑ Yes 🕅 No |                              |
|  | 9. Name and Address of Current | and Address of Current Registered Agent |                                  |                                      |   | 10. Name and Address of New Regis            |  |                              |
|  |                                |   |                                  | B1                                   | Name  | to. Here and Address of Her neg              | stered Agent                                   |                              |
| FITZGERALD, J. PATRICK   |                                |   | l,                               |                                      |   |  |  |                              |
| 110 MERI   |                                | 82 Street Addre                         |                                  |                                      | ss (P.O. Box Number is Not Acceptable)                            |  |  |                              |
| SUITE 2-C  |                                |   | 1                                | 33                                   |   |  |  |                              |
| CORAL G  | ABLES FL 33134                 |   |                                  |                                      |   |  |  |                              |
|  |                                |   |                                  | 34                                   | City  |  |  | ip Code                      |
| 11. PUISUANT TO THE DISVISIONS OF Sections 617 0600 and 617 1600 Fig. (4) Oct.   |                                |   |                                  |                                      |   |  |  |                              |
| 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                               |                                |   |                                  |                                      |   |  |  |                              |
| SIGNATURE  |                                |   |                                  |                                      |   |  |  |                              |
| Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating): DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS CHARGED TO DESCRIPTIONS |                                |   |                                  |                                      |   |  |  |                              |
| TITLE  | D DELETE                       |   | 13.                              |                                      | <del></del> -   | ADDITIONS/CHANGES TO OFFICE                  | RS AND DIRECTO                                 | ORS IN 12                    |
| NAME   | FAVALORA, MOST REV. JOHN       | Directo                                 | 1.1 T(T)                         |                                      |   |  | Change   | Addition                     |
| STREET ADDRESS   | 9401 BISCAYNE BLVD.            |   | 1.2 NAM                          |                                      |   |  |  |                              |
| CITY-ST-Z#P  | MIAMI SHORES FL                |   |                                  |                                      | ADDRESS   | ;8   |  |                              |
| TITLE  | D                              | DELETE                                  | 1.4 CITY - ST - ZIP<br>2.1 TITLE |                                      | - ZIP   |  |  |                              |
| NAME   | MARIN, REV. TOMAS              |   | 2.2 NAM                          |                                      |   |  | ☐ Change                                       | ☐ Addition                   |
| STREET ADDRESS   | 9401 BISCAYNE BLVD.            |   |                                  | EET ADDRESS                          |   |  |  | 1                            |
| CITY-ST-ZIP  | MIAMI SHORES FL 33138          |   |                                  |                                      | 1   |  |  |                              |
| TITLE  | DŤ                             | DELETE                                  | 2 4 CITY-ST-ZIP<br>3.1 TITLE     |                                      | - ZIP   |  | F 7.01   |                              |
| NAME   | VAUGHAN, REV. JOHN             | <b>L</b>                                | 3.2 NAM                          | ì                                    |   |  | Change   | ☐ Addition                   |
| STREET ADDRESS   | 9401 BISCAYNE BLVD.            |   | 3.3 STRE                         |                                      | DDRESS  | RESS   |  |                              |
| CiTY-ST-ZIP  | MIAMI SHORES FL 33138          |   | 3.4. CITY-ST-ZIP                 |                                      |   |  |  | ļ                            |
| TITLE  | DP DELETE 4                    |   |                                  | 4.1 TITLE                            |   |  | ☐ Change                                       | Addition                     |
| NAME   | CAPDEPON, REV. FEDERICO        |   | 4. 2 NAME                        |                                      |   |  | or range                                       | - Addition                   |
| STREET ADDRESS   | 9401 BISCAYNE BLVD.            |   | 4.3 STRE                         | ET AC                                | DORESS  |  |  |                              |
| CITY-ST-ZIP  | MIAMI SHORES FL 33138          |   | 4.4 CITY                         | 4.4 CITY - ST - ZIP                  |   |  |  |                              |
| TITLE  | DS                             | DELETE                                  | 5.1 TITLE                        |                                      |   |  | Change   | Addition                     |
| NAME   | HENNESSEY, REV. WILLIAM        | _                                       | 5.2 NAME                         |                                      |   |  |  |                              |
| STREET ADDRESS   | % 13499 BISCAYNE BLVD., SUIT   | TE 1                                    | 5.3 STRE                         | ET AD                                | DDRESS  |  |  |                              |
| CITY-ST-ZIP  | NORTH MIAMI FL 33181           |   | 5.4 CITY-                        | 5.4 CITY-ST-ZIP                      |   |  |  | ľ                            |
| TITLE  |                                | DELETE                                  | 6.1 TITLE                        |                                      |   |  | ☐ Change                                       | ☐ Addition                   |
| NAME   |                                |   | 6.2 NAME                         |                                      |   |  |  |                              |
| STREET ADDRESS   |                                |   | 6 3 STREE                        | T AD                                 | ODRESS  |  |  | ŀ                            |
| CITY-ST-ZIP  | and the state of               |   | 6.4 CITY-                        | ST-Z                                 | ZIP   |  |  | ł                            |
| 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 logal effect as if made under 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

5/15/16 (305) 638.9729