NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400000982

Principal Place of Business	Mailing Addres
1779 NW 28 ST.	1779 NW 28 S
SUITE 1	Suite 1
MIAMI FL 33142	Miami Fl 3317
US	US

FILED									
Feb 22, 1999 8:00 am									
Secretary of State									
J									

02-22-1999 90133 004 ****61.25

Corporation Name										
RADIO PEACE CATHOLIC BROADCASTING, INC.										
Principal Place of Business Mailing Address										
1779 NW 28 ST. 1779 NW 28 ST.										
SUITE 1 SUITE 1										
MIAMI FL 3314 US	ĸ	MIAMI FL 33172 US				i inditing are corresponding			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
03				•						
Principal Place of Business 2a. Mailing Address					3. Date incorporated or Qualifed					
21				02/28/199						
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number Applied For			olied For	
22	27			-	65-0478741			Not	Applicable	
City & Stat	e	City & State			5. Certificate of Status Desired \$8.75 Additional			,		
23		28				5. Certificate of States Desi		Fee Rec	puired	
Zip	Country	Zip	Country	/		6. Election Campaign Final	ncing 🖂	\$5.00 (- 1	
24	25	29	30			Trust Fund Contribution		Added to	Fees	
	9. Name and Address of Current	Registered Agent		T		10. Name and Address of	New Registere	d Agent		
			81	Name						
	LD, J. PATRICK		82	Street	Addres	ss (P.O. Box Number is Not A	cceptable)			
110 MERF			83	 				•		
SUITE 2-C			\03	']		•				
CORAL G	ABLES FL 33134		84	City			F	85 Zip C	ode	
Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was authoragent. I am familiar with, and accept the obligations of, Section 617.0503, Florida						ration authority this statement f			registered	
11. Pursuant office or r	to the provisions of Sections 617.0502 registered agent, or both, in the State of	and 617.1508, Florida Stat f Florida. Such change was	authorized by	the corp	oration	's board of directors. I hereby	accept the app	ointment as reg	istered	
agent. I a	m familiar with, and accept the obligati	ons of, Section 617.0503, F	lorida Statute:	3.						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NO	TE: Registered Age	nt signature r	required w	when reinstation)	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES T	O OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	D	DELETE	1.1 TITLE		1			Change	☐ Addition	
NAME.	FAVALORA, MOST REV. JOHN		1.2 NAME							
STREET ADDRESS	A LA L DIGO CUMIE BLUE		1,3 STREE	TADORESS			•			
CITY-ST-ZIP	MIAMI SHORES FL		1,4 CITY-1	ST-ZIP) _		·			
T!TLE	DP	() DELETE	2.1 TITLE					Change	☐ Addition	
NAME	CAPDEPON, REV FEDERICO		2.2 NAME							
STREET ADDRESS	1779 NW 28TH ST		2.3 STREE	TADDRESS						
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-	ST-ZIP	<u> </u>		····	<u> </u>		
TITLE	DS	DELETE	3.1 TITLE]			Change	Addition	
NAME	HENNESSEY, REV WILLIAM		3.2 NAME							
STREET ADDRESS	9401 BISCAYNE BLVD		3.3 STREE	TADORESS	1		•			
CITY-ST-ZIP	MIAMI SHORES FL		3 4, CITY-	ST-ZIP	L.		 		CT Address	
TITLE	DP	☐ DELETE	4.1 TITLE		07	1 4 . 1 . 0 - 1 .	0.1.3	Change	☐ Addition	
NAME	CAPDEPON, REV FEDERICO		4. 2 NAME		VA	UEHAN, REV. J	BLUD			
STREET ADDRESS	9401 BISCAYNE BLVD.			T ADDRESS	7.4	IOI BISCATIONS	EL 33	183		
CITY-ST-ZIP	MAMI SHORES FL 33138	[¹] 5C: CTC	4.4 CITY-		M	IMMI STOLLES	1- 201	Change	☐ Addition	
TITLE	DS AND TOO EY OF A STEEL AND TO A ST	() DELETE	5.1 TITLE 5.2 NAME		D	IARIN, REV.	TOMAS	Criainge		
NAME	HENNESSEY, BEV. WILLIAM	ne 4	· •	TADDRESS	M	de l'Oscardadia	ינית <u>יי</u> קטיי מנונא	i		
STREET ADDRESS	,	IC 1	5.4 CITY-		7	401 BISCATNE HAMI SHORES	12 73	7183		
CITY-ST-ZIP	NORTH MIAMI FL 33181	☐ DELETE	6.1 TITLE	J WF	<u> </u>	IIAMI SHUIDES	/ 1 - / -	Change	Addition	
TITLE	DVP DE LOS REYES, REV MR RAFAE		6.2 NAME				•	<u> </u>	"	
NAME OTDEET ADDRESS		$^{\bullet}$	1	TADORESS]					
STREET ADDRESS	1779 NW 28TH ST	/ 1 /	3.5 5		1					

14. I hereby certify that the information supplied with this filing floes not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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, with all other like empowered.

SIGNATURE: