FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED 1995 APR 27

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # N94000002027 (0)

1. Corporation Name

INDEPENDENT CATHOLIC CHURCHES INC.

Principal Place of Business: 3460 POWERLINE RD. FT. LAUDERDALE FL 33309

Mailing Address: 3460 POWERLINE RD. FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1994

3a. Date of Last Report:

4. FEI Number: ☑ Applied For ☐ Not Applicable

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25

2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

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

9. Name and Address of Current Registered Agent

CAUDILL, FR. BOB
3460 POWERLINE RD.
FT. LAUDERDALE FL 33309

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 _____ Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when registering. DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☐ Change ☑ Addition
NAME	HUMRICH, BISHOP JAMES	1.2 NAME	DREWS, BISHOP Richard
STREET ADDRESS	P.O. BOX 05-7624 N/A	1.3 STREET ADDRESS	3460 powerline Rd.
CITY ST ZIP	WEST PALM BEACH FL 33405-7624	1.4 CITY ST ZIP	Ft Laud., Fl. 33309
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	CAUDILL, FR. BOB	2.2 NAME	
STREET ADDRESS	3460 POWERLINE RD.	2.3 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL 33309	2.4 CITY ST ZIP	
TITLE	D	3.1 TITLE	400001499594 ☐ Change ☐ Addition
NAME	VILLAIRE, FR. TERRY	3.2 NAME	-05/01/95--01084--016
STREET ADDRESS	3460 POWERLINE RD.	3.3 STREET ADDRESS	*****61.25 *****61.25
CITY ST ZIP	FT. LAUDERDALE FL 33309	3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	TAW 4/27/95 ☐ Change ☐ 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 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] FR. Robert Caudill 3/30 (305) 568-2757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0045618