


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

99 AUG 11 PM 1:05  
 STATE  
 TALLAHASSEE, FLORIDA

0005162

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000002027**

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 04/22/1994	4. FEI Number 65-0517109 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent <b>CAUDILL, FR. BOB 3460 POWERLINE RD. FT. LAUDERDALE FL 33309</b>	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
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input type="checkbox"/> DELETE	NAME COLLINS, CARL FR	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 821 NW 34TH ST	CITY-ST-ZIP OAKLAND PK FL	1.2 NAME	
TITLE D <input type="checkbox"/> DELETE	NAME CAUDILL, FR. BOB	1.3 STREET ADDRESS	
STREET ADDRESS 3460 POWERLINE RD.	CITY-ST-ZIP FT. LAUDERDALE FL 33309	1.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	NAME GRANT, PHILIP FR.	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3460 POWERLINE RD.	CITY-ST-ZIP FT. LAUDERDALE FL 33309	2.2 NAME	
TITLE		2.3 STREET ADDRESS	
NAME		2.4 CITY-ST-ZIP	
STREET ADDRESS		3.1 TITLE	600002963495-8 Addition
CITY-ST-ZIP		3.2 NAME	-08/18/99--01068--019
		3.3 STREET ADDRESS	****122.50 *****61.25
		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (5/99)

14. 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 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, with all other like empowered.

SIGNATURE: [Signature] Date: 7/5/99 801-1887



***ALL SAINTS CATHOLIC MISSION***  
***Mt. Rev. Robert Caudill***  
***(954) 568-2757***

To Whom It May Concern,

This is in regards to two (2) incorporation applications we submit each year for All Saints Catholic Mission and the Independent Catholic Churches. Please accept this check as you have done in the past for the two.

The check is for \$122.50.

Thank you.

Sincerely,

Father Robert Caudill  
Pastor

direct line 801-1887