FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

T# P34285

(7)

FREE CATHOLIC CHURCH IN GERMANY INC.

FILED Mar 30 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address					T 400/100/ 1880 HAIN OTOTO HAOUN HAIRN BITT HITTER	.!!			
15047 MEMORIAL HWY MIANR FL 33161			62 MW 151 STREET					3. Date Incorporated or Qualified			
US			MIAMI FL 33169 US					06/04/1991			
								4. FEI Number		pplied For	
2. Principal P	Place of Business		2a. Mailing Addres					65 - 0279145		lot Applicable	
21			26					5. Certificate of Status Desired		Additional leguired	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					6. Election Campaign Financing	\$5.00			
22 City & State			City & State					Trust Fund Contribution			
23			28					7. Is this nonprofit corporation a homeowners association? Yes No			
Zip	Zip Country		Zip Country			/		8. This corporation owes or has paid the current year Intangible			
24	25		29	17-1				Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
					81	Nan	ne				
REV. JO		82 Street Add			ss (P.O. Box Number is Not Acceptable)						
62 NW 151 STREET MAMI FL 33169					83						
HAIR COM T	L 00108					000					
					84	,		FL	.	Code	
11. 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 authorized agent, or both, in the State of Florida. Such change was authorized agent, or both, in the State of Florida.						e-nam	ed corpor	ration submits this statement for the purpose of	changing i	its registered	
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida S						у ш ю с S.	Orporation	ris board or directors. Thereby accept the app	OINTMENT AS	s registeren	
SIGNATURE Significe, typed or print drame of registered again and title if applicable (NOTE: Reg								Z3 /N	rl 7		
12.	Signature, typed or printed	OFFICERS AND I		(NOTE: Repist		ent signa	iture required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIDECTO	DO IN 10	
TITLE	D V	OF TOURS AND L	DELE		TITLE			ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition	
NAME	UNGERER, MO	ST REV. HILA			NAME				Ondingo		
STREET ADDRESS	THALKIRCHNE					ADDRES	ss				
CITY-ST-ZIP	80337 MUNICH	LGE		1.4	CITY-S	ST-ZIP	1				
TITLE	D		DELE1	TE 2.1	TITLE				☐ Change	☐ Addition	
NAME	UMIPIG, REV. S	Silverio		2.3	NAME						
STREET ADORESS	THALKIRCHNE			2.3	STREET	ADDRES	ss				
CITY-ST-ZIP	80337 MUNICH	I GE			4 CITY-	ST-ZIP					
TITLE	D		☐ DELET		TITLE				☐ Change	Addition	
NAME		I, REV. HANS-WE	RN		NAME						
STREET ADDRESS	THALKIRCHNER					ADDRES	×				
CITY-ST-ZIP TITLE	80337 MUNICH	i UE	☐ DELET		CITY-S	ST-ZIP			Change	Addition	
NAME					NAME				Change	1 ADDITION	
STREET ADDRESS				I	_	ADDRES	.				
CITY-ST-ZIP					CITY-S		"				
TITLE			DELET		TITLE	11-ZIF	1-		☐ Change	Addition	
NAME					NAME				A. Marilla		
STREET ADDRESS						ADDRES	is l				
CITY-ST-ZIP					CITY-S						
TITLE			☐ DELET		TITLE		1		Change	☐ Addition	
NAME				6.2	NAME						
STREET ADORESS				6.3	STREET	ADDRES	s				
CITY-ST-ZIP				6.4	CITY-S	T-ZIP					

Thereby 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.

SIGNATURE:

+ hit car

23,3.1998 940-9006