

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 714777 (0)**

1. Corporation Name

**SAINT PETERS CHURCH, INC.**

Principal Place of Business

**1416 SE 2ND TERR  
DEERFIELD BCH FL 33441**

Mailing Address

**1416 SE 2ND TERR  
DEERFIELD BCH FL 33441**



3. Date Incorporated or Qualified  
**06/17/1968**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**59-1215881**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22  
City & State

27  
City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23  
City & State

28  
City & State

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24  
Zip

Country

29  
Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROGERS, ELSIE  
8156 ROSE MARIE AVE. W.  
BOYNTON BEACH FL 33437**

81 Name  
**Douglas Beard**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4958 N.W. 48 Avenue**  
83 **Ft. Lauderdale.**  
84 City  
**FL** 85 Zip Code  
**33319**

11. Pursuant to the provisions of Sections 617.0502 and 617.1509, 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

*Douglas A. Beard*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**President, Director  
Douglas A. Beard,**

**3/3/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE  
NAME **ROGERS, ELSIE**  
STREET ADDRESS **8156 ROSE MARIE AVE. W.**  
CITY-ST-ZIP **BOYNTON BEACH FL 33437-1019**

☒ Change ☐ Addition  
PD  
NAME **Douglas Beard**  
STREET ADDRESS **4958 N.W. 48 Avenue**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33319**

TITLE **VD** ☒ DELETE  
NAME **KOZMA, PETER**  
STREET ADDRESS **3071 NE 11 AVE**  
CITY-ST-ZIP **POMPANO BCH FL 33064**

☒ Change ☐ Addition  
VD  
NAME **Barbara-Ann Kirner**  
STREET ADDRESS **1230 S.W. 10th Terrace**  
CITY-ST-ZIP **Deerfield Beach, FL 33441**

TITLE **TD** ☐ DELETE  
NAME **PEITRONICCO, PASQUALE**  
STREET ADDRESS **3952 COCOPLUM CIRCLE E.**  
CITY-ST-ZIP **COCONUT CREEK FL 33063-5953**

☐ Change ☐ Addition

TITLE **SD** ☐ DELETE  
NAME **HAMMES, REGINA M**  
STREET ADDRESS **289 NE 45 CT**  
CITY-ST-ZIP **POMPANO BCH FL 33064**

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Regina M. Hammes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/3/96 (954) 421-3506**  
Date Daytime Phone #

CR2E037 (12/95)