

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **834557** (1)

1. Corporation Name

ST. MARON'S DIOCESE OF DETROIT-U.S.A.



Principal Place of Business

Mailing Address

**2055 CORAL WAY
MIAMI FL 33145
US**

**2055 CORAL WAY
MIAMI FL 33145
US**

3. Date Incorporated or Qualified
06/24/1975

3a. Date of Last Report
02/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
38-1771226

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TAYAH, REV. WADH PET
2055 CORAL WAY
MIAMI FL 33145**

81 Name
Thomas, Michael G. Rev.

82 Street Address (P.O. Box Number is Not Acceptable)
2055 Coral Way

83

84 City
Miami, FL 85 Zip Code
33145

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 **Thomas Michael G. Rev.**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required on this statement.)

6/11/1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SD** ☐ DELETE
NAME **FARIS, JOHN D**
STREET ADDRESS **8120 15TH AVE**
CITY-ST-ZIP **BROOKLYN, N Y 00000**

1.1 TITLE **SD** ☒ Change ☐ Addition
1.2 NAME **Farris, John D**
1.3 STREET ADDRESS **P. O. Box 010-360 (MAILING ADDRESS)**
1.4 CITY-ST-ZIP **Staten Island, N.Y. 10301**

TITLE **PD** ☐ DELETE
NAME **ZAYEK, REV FRANCIS M**
STREET ADDRESS **8120 15TH AVE**
CITY-ST-ZIP **BROOKLYN, N Y 00000**

2.1 TITLE **PD** ☒ Change ☐ Addition
2.2 NAME **Zayek, Francis M., Rev.**
2.3 STREET ADDRESS **P. O. Box 010-360 (MAILING ADDRESS)**
2.4 CITY-ST-ZIP **Staten Island, N.Y. 10301**

TITLE **P** ☒ DELETE
NAME **TAYAH, REV. WADH**
STREET ADDRESS **2055 CORAL WAY**
CITY-ST-ZIP **MIAMI FL 33145**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **Thomas, Michael G. Rev.**
3.3 STREET ADDRESS **2055 Coral Way**
3.4 CITY-ST-ZIP **Miami, Florida 33145**

TITLE **P** ☒ DELETE
NAME **TAYAH, REV. WADH**
STREET ADDRESS **2055 CORAL WAY**
CITY-ST-ZIP **MIAMI FL 33145**

4.1 TITLE **D** ☒ Change ☐ Addition
4.2 NAME **Thomas, Michael G. Rev.**
4.3 STREET ADDRESS **2055 Coral Way**
4.4 CITY-ST-ZIP **Miami, Florida 33145**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
200001884842
-07/05/96--01032--032
*****61.25**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 **Rev. Michael G. Thomas**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/96 305-856-7449

0007580

CR2E037 (3/96)