

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745689

Entity Name: CHURCH OF THE INCARNATION CATHOLIC CONGREGATION, INC.**FILED**
Mar 26, 2016
Secretary of State
CC8617366461**Current Principal Place of Business:**1515 EDGEWATER DRIVE
ORLANDO, FL 32804**Current Mailing Address:**1515 EDGEWATER DRIVE
ORLANDO, FL 32804**FEI Number: 59-1881287****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ALLEN, W. RILEY
429 S. KELLER ROAD
STE 300
ORLANDO, FL 32810 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	HANSEN, CARLA M
Address	1105 BRIELLE COURT
City-State-Zip:	OVIDO FL 32765

Title	SECRETARY & TREASURER
Name	HOLIDAY, WILLIAM P
Address	9742 CYPRESS PINE STREET
City-State-Zip:	ORLANDO FL 32822

Title	DIRECTOR
Name	HODIL, DAVID
Address	1515 EDGEWATER DRIVE
City-State-Zip:	ORLANDO FL 32804

Title	PRESIDENT
Name	LOPES, STEVEN J
Address	PO BOX 55206
City-State-Zip:	HOUSTON TX 77255

Title	VP
Name	HOUGH, CHUCK III
Address	PO BOX 55206
City-State-Zip:	HOUSTON TX 77255

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CARLA M HANSEN**DIRECTOR****03/26/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date