

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000007385

**FILED**  
**Jan 02, 2019**  
**Secretary of State**  
**CC7779370325**

**Entity Name:** OLD ROMAN CATHOLIC CHURCH LATIN RITE INC,

**Current Principal Place of Business:**

MOUNT ZION 14166  
14166  
JERUSALEM, IS 94110-01

**Current Mailing Address:**

MOUNT ZION 14166  
14166  
JERUSALEM, IS 94110-01 IS

**FEI Number: 83-1143696**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

RODRIGUES, ANDRES SR,  
200 SE 1ST STREET SUITE 604  
604  
MIAMI, FL 33131 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            PRESIDENT, ABBOT  
Name            COHEN, ZIGMUND ZIEGLER  
                  ROBERTO ABBOT OSB  
Address        MOUNT ZION 14166  
                  14166  
City-State-Zip: JERUSALEM ISRAEL 9411001

Title            VP, METROPOLITAN ARCHBISHOP  
Name            GONZALEZ, OMAR ROJAS  
                  METROPOLITAN ARCHBISHOP  
Address        MOUNT ZION  
                  14166  
City-State-Zip: JERUSALEM JERUSALEM 9411001

Title            SECRETARY  
Name            COHEN, ROBERTO ABBOT OSB.  
Address        MOUNT ZION 14166  
                  14166  
City-State-Zip: JERUSALEM ISRAEL JERUSALEM  
                  94110-01

Title            SUPREME PONTIFF OF THE  
                  UNIVERSAL CHURCH  
Name            FRANCISCUS , S.S. POPE HIS  
                  HOLINESS PATRIARCHATE OF ROME  
Address        APOSTOLIC PALACE 00120  
                  APOSTOLIC PALACE 00120  
City-State-Zip: VATICAN ROME VATICAN 00120

*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: ZIGMUND ZIEGLER ROBERTO COHEN**

**PRESIDENT**

**01/02/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date