

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 # 701109 (1)

1. Corporation Name

MISERERE GUILD, INC.



Principal Place of Business

11801 US-19  
CLEARWATER FL 34624-4407

Mailing Address

11801 US-19  
CLEARWATER FL 34624-4407

3. Date Incorporated or Qualified  
06/21/1960

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number  
59-6045853

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

MULDOON, BRENDON  
6363-9TH AVENUE, N.  
ST. PETERSBURG FL 33743

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
CAVERLY, J BERNARD  
STREET ADDRESS  
5743 5TH AVENUE NORTH  
CITY-ST-ZIP  
ST. PETERSBURG FL

TITLE ☐ DELETE

NAME  
SD  
MULDOON, BRENDAN  
STREET ADDRESS  
6363 9TH AVE N  
CITY-ST-ZIP  
ST PETERSBURG, FL 00000

TITLE ☐ DELETE

NAME  
T  
WARD, PAUL JR.  
STREET ADDRESS  
6363-9TH AVENUE, N.  
CITY-ST-ZIP  
ST.PETERSBURG FL

TITLE ☐ DELETE

NAME  
VD  
GIBBONS, ROBERT C.  
STREET ADDRESS  
6363 9TH AVE. N.  
CITY-ST-ZIP  
ST. PETERSBURG FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME  
C  
LYNCH, ROBERT N.  
STREET ADDRESS  
6363 - 9th AVENUE NORTH  
CITY-ST-ZIP  
ST. PETERSBURG, FL

2.1 TITLE ☐ Change ☐ Addition

NAME  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

NAME  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

NAME  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME  
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:

Res. Brendan Muldoon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(813) 314 1611

CR2E037 (12/95)