


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION, ANNUAL REPORT 1997		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 05/01/96
--	--

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

4. FEI Number 59-6045853	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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	VD	<input type="checkbox"/> DELETE
NAME	CAVERLY, J. BERNARD	
STREET ADDRESS	5743 5TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MULDOON, BRENDAN	
STREET ADDRESS	6363 9TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WARD, PAUL JR.	
STREET ADDRESS	6363 - 9th AVENUE, N.	
CITY-ST-ZIP	ST. PETERSBURG, FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GIBBONS, ROBERT C.	
STREET ADDRESS	6363 - 9th AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	LYNCH, ROBERT N.	
STREET ADDRESS	6363 - 9TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

300002210653
 -06/12/97--01112--008
 ***70.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. Brendan Muldoon April 30, 1997 (813) 344-1611
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Rev. Brendan Muldoon

CR2E037 (9/96)