

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 # 714777 (0)

1. Corporation Name

SAINT PETERS CHURCH, INC.



Principal Place of Business

**1416 SE 2ND TERR
DEERFIELD BCH FL 33441**

Mailing Address

**1416 SE 2ND TERR
DEERFIELD BCH FL 33441**

3. Date Incorporated or Qualified
06/17/1968

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

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-1215881

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 City & State

28 City & State

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

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROGERS, ELSIE
8156 ROSE MARIE AVE. W.
BOYNTON BEACH FL 33437**

81 Name
Douglas Beard
82 Street Address (P.O. Box Number is Not Acceptable)
4958 N.W. 48 Avenue
83 **Ft. Lauderdale.**
84 City

FL 85 Zip Code
33319

11. Pursuant to the provisions of Sections 617.0502 and 617.1509, 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

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

(NOTE: Registered Agent signature required when reinstating)

**President, Director
Douglas A. Beard,**

3/3/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **ROGERS, ELSIE**
STREET ADDRESS **8156 ROSE MARIE AVE. W.**
CITY-ST-ZIP **BOYNTON BEACH FL 33437-1019**

☒ Change ☐ Addition
PD
NAME **Douglas Beard**
STREET ADDRESS **4958 N.W. 48 Avenue**
CITY-ST-ZIP **Ft. Lauderdale, FL 33319**

TITLE **VD** ☒ DELETE
NAME **KOZMA, PETER**
STREET ADDRESS **3071 NE 11 AVE**
CITY-ST-ZIP **POMPANO BCH FL 33064**

☒ Change ☐ Addition
VD
NAME **Barbara-Ann Kirner**
STREET ADDRESS **1230 S.W. 10th Terrace**
CITY-ST-ZIP **Deerfield Beach, FL 33441**

TITLE **TD** ☐ DELETE
NAME **PEITRONICCO, PASQUALE**
STREET ADDRESS **3952 COCOPLUM CIRCLE E.**
CITY-ST-ZIP **COCONUT CREEK FL 33063-5953**

☐ Change ☐ Addition

TITLE **SD** ☐ DELETE
NAME **HAMMES, REGINA M**
STREET ADDRESS **289 NE 45 CT**
CITY-ST-ZIP **POMPANO BCH FL 33064**

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Regina M. Hammes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/96 (954) 421-3506
Date Daytime Phone #

CR2E037 (12/95)