DOCUMENT # 715451 NC AND

FILED Apr 18, 2002 8:00 am § Secretary of State

→6T. JÓ	ÄÄĞLICAN CATHOLIC HN'S CHRISTIAN-GHURGH OMPANO-BEACH, FLORIDA	CHURH OF CONTROL OF CO	SAINT JO CHRIST	HN THE T	# BOL 1 04-	18-2002 90471 025 ****6		
	ace of Business	Mailing Addre	SS	_				
4213 NOTH FEDERAL HIGHWAY 4213 POMPANO BEACH FL 33064 POM		4213 NOTH FEE	4213 NOTH FEDERAL HIGHWAY POMPANO BEACH FL 33064					
		3. Mailing Add	Mailing Address					
Suite, Ap	ot. #, etc.	Suite, Apt.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State			4. FEI Number Applied For S9-2382759 Not Applied be		
Zip Country		Zip	Zip Country		5. Certificate of Status Desired S8.75 Additional			
	6. Name and Address of Curr	ent Registered Agent	stered Agent		7. Name and Address of New Registered Agent			
				Name				
BROOKSHIRE, FLORENCE A 5932 CATESBY STREET				Street Address (P.O. Box Number is Not Acceptable)				
	ATON FL 33433							
DOCK INTOKT E COTO				City		FL Zip Cod	de	
8. The abov	re named entity submits this stateme	at for the nurnose of ch	anoina ite regie	tered office or roai	stored agent, or both, in the			
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	Make Check Payable Department of Stat		
10.	OFFICERS AND	DIRECTORS	1	11.	ADDITIONS/CHANGES 1	O OFFICERS AND DIRECTORS IN		
TITLE NAME	D EDIFORMAL ARTHUR			TITLE		☐ Change	Addition	
STREET ADDINESS	FRIEDRICHS, ARTHUR 2510 NE 35TH STREET			NAME STREET ADDRESS				
CITY-ST-ZIP	LIGHTHOUSE POINT FL			CITY-ST-ZIP				
TITLE	P		aloto	II				
NAME	BROOKSHIRE, VORIS G JR		eiele i	TITLE		☐ Change	Addition	
STREET ADDRESS				TITLE .		☐ Change	☐ Addition	
	5932 CATESBY STREET		M S	NAME STREET ADDRESS		☐ Change	Addition	
CITY-ST-ZIP	5932 CATESBY STREET BOCA RATON FL	<u>.</u> .	S C	JAME Street Address City-St-Zip			•	
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CITY-ST-ZIP TITLE	5932 CATESBY STREET BOCA RATON FL S BROOKSHIRE, FLORENCE	<u>.</u> .	elete T	JAME Street Address City-St-Zip	. چيند مد مختصص در د ۱۹۵۰ د		•	
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indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: