

**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 # 733833 (8)

1. Corporation Name  
**NATIVITY GUILD OF THE CHURCH OF THE NATIVITY, IN C.**



Principal Place of Business: **NATIVITY, INC. 5220 JOHNSON STREET HOLLYWOOD FL 33021**  
Mailing Address: **NATIVITY, INC. 5220 JOHNSON STREET HOLLYWOOD FL 33021**

3. Date Incorporated or Qualified: **09/12/1975**  
3a. Date of Last Report: **03/31/1995**  
4. FEI Number: **59-0865839**  
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

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

9. Name and Address of Current Registered Agent: **SCHLICHTE, PAUL G. 2134 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33020**  
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 **FL**

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, of 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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>KNOTHE, BERNICE</b>	
STREET ADDRESS	<b>101 N. 32ND AVENUE</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>PONCE, MARIA T.</b>	
STREET ADDRESS	<b>5300 WASHINGTON ST., STE. L339</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>OCHS, GRACE</b>	
STREET ADDRESS	<b>5709 JACKSON ST.</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>SCHMEISSER, VIVENNE</b>	
STREET ADDRESS	<b>4201 N. OCEAN DR., STE. 506</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>BYARS, ANNE</b>	
STREET ADDRESS	<b>5511 GARFIELD STREET</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	<b>100001748531</b>
4.3 STREET ADDRESS	<b>-03/19/96--01025--045</b>
4.4 CITY-ST-ZIP	<b>***245.00</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>BYARS, ANNE</b>
5.3 STREET ADDRESS	<b>NAME CORRECTION -</b>
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	

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: *[Signature]* **BERNICE K. KNOTHE** Date: **7/14/96** Daytime Phone #: **987-3300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)