

FILE NOW: FILING FEE IS \$61.25

FILED

May 07 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 # 733833 (8)
1. Corporation Name
NATIVITY GUILD OF THE CHURCH OF THE NATIVITY, INC.



Principal Place of Business Mailing Address
NATIVITY, INC. 5220 JOHNSON STREET HOLLYWOOD FL 33021
NATIVITY, INC. 5220 JOHNSON STREET HOLLYWOOD FL 33021-5720

3. Date Incorporated or Qualified 09/12/1975
3a. Date of Last Report 03/18/1996

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

4. FEI Number 59-0865839 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
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 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 *Paul G. Schlichte* PAUL G. SCHLICHTE
(NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|------------------------------------|
| TITLE | PD <input type="checkbox"/> DELETE |
| NAME | KNOTHE, BERNICE |
| STREET ADDRESS | 101 N. 32ND AVENUE |
| CITY-ST-ZIP | HOLLYWOOD FL |
| TITLE | VD <input type="checkbox"/> DELETE |
| NAME | PONCE, MARIA T. |
| STREET ADDRESS | 5300 WASHINGTON ST., STE. L339 |
| CITY-ST-ZIP | HOLLYWOOD FL |
| TITLE | S <input type="checkbox"/> DELETE |
| NAME | OCHS, GRACE |
| STREET ADDRESS | 5709 JACKSON ST. |
| CITY-ST-ZIP | HOLLYWOOD FL |
| TITLE | T <input type="checkbox"/> DELETE |
| NAME | SCHMEISSER, VIVENNE |
| STREET ADDRESS | 4201 N. OCEAN DR., STE. 506 |
| CITY-ST-ZIP | HOLLYWOOD FL |
| TITLE | SD <input type="checkbox"/> DELETE |
| NAME | BYARS, ANNE |
| STREET ADDRESS | 5511 GARFIELD STREET |
| CITY-ST-ZIP | HOLLYWOOD FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | PRES. (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | SALLY MEANS |
| 1.3 STREET ADDRESS | 3155 FILLMORE ST. |
| 1.4 CITY-ST-ZIP | HOLLYWOOD FLA 33021 |
| 2.1 TITLE | V. PRES (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | TONI GALLO |
| 2.3 STREET ADDRESS | 707 DIPLOMAT PKWY |
| 2.4 CITY-ST-ZIP | HALLANDALE FL 33009 |
| 3.1 TITLE | REC SECY (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | FRANCES ZARCONI |
| 3.3 STREET ADDRESS | 3500 JACKSON ST #105 |
| 3.4 CITY-ST-ZIP | HOLLYWOOD FL 33021 |
| 4.1 TITLE | CORR SECY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | GRACE OCHS |
| 4.3 STREET ADDRESS | 5909 JACKSON ST |
| 4.4 CITY-ST-ZIP | HOLLYWOOD FLA 33021 |
| 5.1 TITLE | TREAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | ANGIE CASPANELLO |
| 5.3 STREET ADDRESS | 3815 CLEVELAND ST. |
| 5.4 CITY-ST-ZIP | HOLLYWOOD FLA 33021 |
| 6.1 TITLE | 000002146988 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | -04/17/97--01101--026 |
| 6.3 STREET ADDRESS | ***245.00 |
| 6.4 CITY-ST-ZIP | |

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: *Sally Means* 3/14/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0021638

CR2E037 (9/96)