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May 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

NATIVITY, INC.
5220 JOHNSON STREET
HOLLYWOOD FL 33021NATIVITY, INC.
5220 JOHNSON STREET
HOLLYWOOD FL 33021-57203. Date Incorporated or Qualified
09/12/19753a. Date of Last Report
03/18/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHLICHTE, PAUL G.
2134 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33020

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KNOTHE, BERNICE	
STREET ADDRESS	101 N. 32ND AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL	

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	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	PONCE, MARIA T.	
STREET ADDRESS	5300 WASHINGTON ST., STE. L339	
CITY-ST-ZIP	HOLLYWOOD FL	

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	

TITLE	S	<input type="checkbox"/> DELETE
NAME	OCHS, GRACE	
STREET ADDRESS	5709 JACKSON ST.	
CITY-ST-ZIP	HOLLYWOOD FL	

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	

TITLE	T	<input type="checkbox"/> DELETE
NAME	SCHMEISSER, VIVIANNE	
STREET ADDRESS	4201 N. OCEAN DR., STE. 508	
CITY-ST-ZIP	HOLLYWOOD FL	

4.1 TITLE	CORR Secy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GRACE OCHS	
4.3 STREET ADDRESS	5709 JACKSON ST	
4.4 CITY-ST-ZIP	Hollywood FLA 33021	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BYARS, ANNE	
STREET ADDRESS	5511 GARFIELD STREET	
CITY-ST-ZIP	HOLLYWOOD FL	

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	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0021638

CR2E037 (9/96)

FIVE 5/7/97

000002146988
-04/17/97--01101--026
***245.00

Sally Means 3/14/97