

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90016 008 \*\*\*245.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 733833**

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

Principal Place of Business NATIVITY, INC. 5220 JOHNSON STREET HOLLYWOOD FL 33021-5720	Mailing Address NATIVITY, INC. 5220 JOHNSON STREET HOLLYWOOD FL 33021-5720
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date incorporated or Qualified 09/12/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0865839
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent  <b>SCHLICHTE, PAUL G.</b> <b>2134 HOLLYWOOD BOULEVARD</b> <b>HOLLYWOOD FL 33020</b>	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
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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]* (NOTE: Registered Agent signature required when reinstating) DATE: 1-14-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P D	MEANS, SALLY 3135 FILLMORE ST. HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> DELETE	11 TITLE PD PATRICIA ZAHN 721 N. CRESCENT DRIVE HOLLYWOOD FL 33021
TITLE VP D	GALLO, TONI 707 DIPLOMAT PKWY. HALLANDALE FL 33009	<input checked="" type="checkbox"/> DELETE	21 TITLE VP GRACE OCHS 5709 JACKSON ST HOLLYWOOD FL 33021
TITLE S D	ZARCONI, FRANCES 3550 JACKSON ST. # 105 HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> DELETE	31 TITLE SD DOROTHY STIBLER 3322 COOLIDGE ST HOLLYWOOD FL 33021
TITLE C S	OCHS, GRACE 5709 JACKSON ST. HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> DELETE	41 TITLE CS N/A
TITLE T	CASPANNELLO, ANGIE 3815 CLEVELAND ST. HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> DELETE	51 TITLE TJ JOYCE PRICE 5300 WASHINGTON ST RI HOLLYWOOD FL 33021
TITLE		<input type="checkbox"/> DELETE	61 TITLE
NAME			62 NAME
STREET ADDRESS			63 STREET ADDRESS
CITY-ST-ZIP			64 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Patricia C. Zahn* DATE: 1/22/99 DAYTIME PHONE #: 954 957 3300 AT 205

CR2E037 (1/198)