


FILE NOW: FILING FEE IS \$61.25

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

03-17-1999 90016 008 ***245.00

0023685

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

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



2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/12/1975	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-0865839	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing				<input type="checkbox"/> Trust Fund Contribution	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
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, 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	<input checked="" type="checkbox"/> DELETE	11 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEANS, SALLY		12 NAME	PATRICIA ZAHN	
STREET ADDRESS	3135 FILLMORE ST.		13 STREET ADDRESS	721 N. CRESCENT DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL 33021		14 CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VP D	<input checked="" type="checkbox"/> DELETE	21 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALLO, TONI		22 NAME	GRACE OCHS	
STREET ADDRESS	707 DIPLOMAT PKWY.		23 STREET ADDRESS	5709 JACKSON ST	
CITY-ST-ZIP	HALLANDALE FL 33009		24 CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	S D	<input checked="" type="checkbox"/> DELETE	31 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZARCONI, FRANCES		32 NAME	DOROTHY STIBLER	
STREET ADDRESS	3550 JACKSON ST. # 105		33 STREET ADDRESS	3322 COOLIDGE ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021		34 CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	C S	<input checked="" type="checkbox"/> DELETE	41 TITLE	CS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OCHS, GRACE		42 NAME	N/A	
STREET ADDRESS	5709 JACKSON ST.		43 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021		44 CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> DELETE	51 TITLE	TJ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASPANNELLO, ANGIE		52 NAME	Joyce Price	
STREET ADDRESS	3815 CLEVELAND ST.		53 STREET ADDRESS	5300 Washington St R1	
CITY-ST-ZIP	HOLLYWOOD FL 33021		54 CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> DELETE	61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/22/99

Daytime Phone #

954
957 3300 AT205

CR2E037 (11/98)