## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

738941

(4)

THE LIBERAL CATHOLIC CHURCH OF ST. PIERRE, INC.								1181 <b>1</b> 1811 1147		
Principal Piac	e of Business	Mailing A	ddress						ili vilki bivii 1	
2008 PINEAPPLE AVE P.O. BOX 1117 MELBOURNE FL 32935 MELBOURNE FL 32				02-1117						
US							3. Date Incorporated or Qualified 05/04/1977		te of Last Re 01/29/19	
2. Principal P	lace of Business	2a. Mailin 26	2a. Mailing Address 26				4. FEI Number 59-1742030			plied For t Applicable
Suite, Apt.	#, etc.	}a	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
City & Stal	c	City &	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Z(p)	Count		Zip Cou		'		8. This corporation has liability for intangible tay Florida Statutes Yes N		tay under s.	
24	9, Name and Address of Current Registered Agent						10. Name and Address of New Reg		<del></del>	
					Name		· · · · · · · · · · · · · · · · · · ·		<del></del>	
TISCH, JOSPEH F, JR 4225 N HARBOR CITY BLVD				82	82 Street Address (P.O. Box Number is Not Acceptable)					
MELBOURNE FL 32935				83						
					City			FL	<b>85</b> Zip (	Code
office or r	registered agent, or bot im familiar with, and acc	ctions 617,0502 and 617,150 h, in the State of Florida. Succept the obligations of, Section	h change was auti	horized by	the corp	corpora poration	ation submits this statement for the p 's board of directors. I hereby accep	urpose of t the appo	changing its sintment as	s registered registered
	Signifore, typed or printed name	e of registered agent and title if applica	eld. (NOTE: FI		ent signature	required v	when reinstating)	DATE		
12.	· · · · · · · · · · · · · · · · · · ·	DEFICERS AND DIRECTORS	DELETE	13.			ADDITIONS/CHANGES TO OFFIC		DIRECTOR Change	IS IN 12
TITLE	PD Tisch, Joseph	i	L_3 Octob	1.1 TITLE	1	1			C) Change	L Abbition
NAME   TISCH, JOSEPH L.   STREET AGGRESS   4225 N HARBOR CITY BLVD				1.2 NAME 1.3 STREET ADDRESS						
CHY-ST-ZIP	MELBOURNE FL	OHT DEVD	1.3 STRICE AL 1.4 CITY-ST-			1				
IIITE Distriction	VD VD		DELETE	2.1 TITLE	01 - ZIP	<del>                                     </del>		<del></del>	Change	Addition
NAME	JENKINS, ERNES	ST L.		2.2 NAME	Ì	l			•-	
STREET ADDRESS	ALL IN INCOMINEDO ANTE				2.3 STREET ADDRESS					
CiTY-ST-ZIP	MELBOURNE FL	–		2.4 CITY-	- 1		•			
TITLE	D		DELETE	3.1 TITLE					Change	Addition
NAME	SKINNER, LUCIU			3.2 NAME	,	ļ				
STREET ADDRESS	502 E REDDICK	ST		3.3 STREET	ADDRESS					
CHTY - S1 - ZIP	MELBOURNE FL			3.4. CITY -	ST-ZIP					
TITLE			L.) DELETE	4.1 TITLE					Change	Addition
NAME				4. 2 NAME		l				
STREET ADDRESS				4.3 STREET						'
CHY-ST-ZIP TITLE	l		DELETE	4.4 CITY-S 5.1 TITLE	01 * ZIP	<del> </del>			Change	Addition
NAME				5.2 NAME	•					
STREET ADDRESS	}		i	5 3 STREET	ADDRESS I	1				
CITY - ST - ZIP				5.4 GITY - S		,				
TITLE			DELETE	6.1 TITLE		<del> </del>			Change	Addition
NAM <sup>e</sup>				6.2 NAME						
STREET ADDRESS				6.3 STREET	ADDRESS					
CHY-SI-ZIP				64 CITY-5	ST-71P					

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:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR.

CR2E037 (9/96)

**FILED** 

Mar 21 1997 8:00am

Secretary of State