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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 738941

1. Corporation Name
THE LIBERAL CATHOLIC CHURCH OF ST. PIERRE, INC.

Principal Place of Business 2008 PINEAPPLE AVE MELBOURNE FL 32935 US	Mailing Address P.O. BOX 1117 MELBOURNE FL 32902
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/04/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1742030
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent TISCH, JOSPEH F, JR 4225 N HARBOR CITY BLVD MELBOURNE FL 32935		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. Name and Address of New Registered Agent		
81 Name		
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D SKINNER, JAMES S <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD TISCH, JOSEPH F., JR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SKINNER, JAMES S	1.2 NAME	TISCH, JOSEPH F., JR
STREET ADDRESS	248 E UNIVERSITY DR	1.3 STREET ADDRESS	4225 N. Harbor City Blvd
CITY-ST-ZIP	MELBOURNE FL 32901	1.4 CITY-ST-ZIP	Melbourne, FL 32935
TITLE	VD JENKINS, ERNEST L <input type="checkbox"/> DELETE	2.1 TITLE	D FERRANTINO, DANIEL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JENKINS, ERNEST L	2.2 NAME	FERRANTINO, DANIEL
STREET ADDRESS	908 E BROTHERS AVE	2.3 STREET ADDRESS	320 W. Lakeview St. # 121
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	Orlando, FL 32804
TITLE	D SKINNER, LUCILLE <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D GRANATIRE, MRS. CAROL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SKINNER, LUCILLE	3.2 NAME	GRANATIRE, MRS. CAROL
STREET ADDRESS	502 E REDDICK ST	3.3 STREET ADDRESS	3066 Easy Terrace NE
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	Palm Bay, FL 32905
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: *Joseph F. Tisch* February 10, 1999 - (407-254-0499)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (11/98)