

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90020 043 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # 738941
 1. Entity Name
THE LIBERAL CATHOLIC CHURCH OF ST. PIERRE, INC.

Principal Place of Business Mailing Address
 2008 PINEAPPLE AVE P.O. BOX 1117
 MELBOURNE FL 32935 MELBOURNE FL 32902
 US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-1742030 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TISCH, JOSPEH F, JR
4225 N HARBOR CITY BLVD
MELBOURNE FL 32935

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	TISCH, JOSEPH F JR
STREET ADDRESS	4225 N HARBOR CITY BLVD
CITY-ST-ZIP	MELBOURNE FL 32935
TITLE	VD <input type="checkbox"/> Delete
NAME	JENKINS, ERNEST L.
STREET ADDRESS	888 E BROTHERS AVE
CITY-ST-ZIP	MELBOURNE FL
TITLE	D <input type="checkbox"/> Delete
NAME	FERRANTINO, DANIEL
STREET ADDRESS	320 W LAKEVIEW ST #121
CITY-ST-ZIP	ORLANDO FL 32804
TITLE	D <input type="checkbox"/> Delete
NAME	GRANATIRE, MRS. CAROL
STREET ADDRESS	3066 EASY TERRACE NE
CITY-ST-ZIP	PALM BAY FL 32905
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2805-S. Grant Street
CITY-ST-ZIP	32901
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Joseph F. Tisch Jr.* **IN WITNESS WHEREOF** January 6, 2001 (321) 254-0499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)