# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Feb 27, 2006 8:00 am**
**Secretary of State**

02-27-2006 90089 044 ****61.25

DOCUMENT # 738941

1. Entity Name

THE LIBERAL CATHOLIC CHURCH OF ST. PIERRE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2008 PINEAPPLE AVE<br>MELBOURNE FL 32935<br>US | P.O. BOX 1117<br>MELBOURNE FL 32902 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

1st MOORE CR2E037 (10/05)

4. FEI Number 59-1742030 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| TISCH, JOSPEH F, JR<br>4225 N HARBOR CITY BLVD<br>MELBOURNE FL 32935 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS $61.25 Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|
| TITLE | PD ☑ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | TISCH, JOSEPH F JR | NAME | |
| STREET ADDRESS | 4225 N HARBOR CITY BLVD | STREET ADDRESS | |
| CITY-ST-ZIP | MELBOURNE FL 32935 | CITY-ST-ZIP | |
| TITLE | D ☐ Delete | TITLE | PD ☑ Change ☐ Addition |
| NAME | FERRANTINO, DANIEL | NAME | |
| STREET ADDRESS | 320 W LAKEVIEW ST #121 | STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32804 | CITY-ST-ZIP | |
| TITLE | D ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | GRANATIRE, MRS. CAROL | NAME | |
| STREET ADDRESS | 3066 EASY TERRACE NE | STREET ADDRESS | |
| CITY-ST-ZIP | PALM BAY FL 32905 | CITY-ST-ZIP | |
| TITLE | D ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | MISCO, ANTHONY | NAME | |
| STREET ADDRESS | 2398 OAKLYN ST. NE. | STREET ADDRESS | |
| CITY-ST-ZIP | PALM BAY FL 32907 | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☑ Addition |
| NAME | [redacted] | NAME | D |
| STREET ADDRESS | | STREET ADDRESS | Short, Courtney |
| CITY-ST-ZIP | | CITY-ST-ZIP | 3602 Walker Road #9 Apopka, FL 32703 |
| TITLE | ☐ Delete | TITLE | ☐ Change ☑ Addition |
| NAME | [redacted] | NAME | D |
| STREET ADDRESS | | STREET ADDRESS | Frederique, Margaret |
| CITY-ST-ZIP | | CITY-ST-ZIP | 734 Box Circle N.W. Palm Bay, FL 32905 |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** Carol Granatire CAROL GRANATIRE 2/12/06 321-952-6432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #