


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90182 032 \*\*\*\*61.25

**DOCUMENT # 738941**

1. Entity 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**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

4. FEI Number **59-1742030**

Applied For  
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

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**

TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>TISCH, JOSEPH F JR</b>	
STREET ADDRESS <b>4225 N HARBOR CITY BLVD</b>	
CITY-ST-ZIP <b>MELBOURNE FL 32935</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>FERRANTINO, DANIEL</b>	
STREET ADDRESS <b>320 W LAKEVIEW ST #121</b>	
CITY-ST-ZIP <b>ORLANDO FL 32804</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>GRANATIRE, MRS. CAROL</b>	
STREET ADDRESS <b>3066 EASY TERRACE NE</b>	
CITY-ST-ZIP <b>PALM BAY FL 32905</b>	
TITLE <b>VD</b>	<input type="checkbox"/> Delete
NAME <b>SKINNER, JAMES S</b>	
STREET ADDRESS <b>325 E. UNIVERSITY BLVD #148</b>	
CITY-ST-ZIP <b>MELBOURNE FL 32901</b>	
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	
CITY-ST-ZIP	
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* Joseph F. Tisch-Jan. 20, 2003 (321) 254-0499

CR2E037 (10/02)