

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756358

FILED
Jan 05, 2006
Secretary of State

Entity Name: THE CATHOLIC CHURCH OF THE ANTIOCHIAN RITE, INC.

Current Principal Place of Business:

2008 CHESAPEAKE DR
ODESSA, FL 33556 US

New Principal Place of Business:

Current Mailing Address:

2008 CHESAPEAKE DR
ODESSA, FL 33556 US

New Mailing Address:

FEI Number: 59-2078792

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBERTO, C. TOCA, MOST REV. DR.
2008 CHESAPEAKE DR
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

ROBERTO, C. TOCA, ARCHBISHOP DR.
2008 CHESAPEAKE DR
ODESSA, FL 33556 US

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: ARCHBISHOP DR. ROBERTO C. TOCA
Electronic Signature of Registered Agent

01/05/2006
Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TOCA, ROBERTO C., REV. ,
Address: 2008 CHESA PEAKE DR
City-St-Zip: ODESSA, FL 33556

Title: VD () Delete
Name: ROSARIO, ADA F.,
Address: 2008 CHESAPEAKE DR
City-St-Zip: ODESSA, FL 33556

Title: STD () Delete
Name: TOCA, SOLEDAD,
Address: 2008 CHESAPEAKE DRIVE
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TOCA, ROBERTO C., AR, CHBISHOP DR.
Address: 2008 CHESAPEAKE DR
City-St-Zip: ODESSA, FL 33556

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARCHBISHOP DR. ROBERTO C. TOCA
Electronic Signature of Signing Officer or Director

PD
01/05/2006
Date