

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005422

FILED
Mar 12, 2005
Secretary of State

Entity Name: THE OLD CATHOLIC CHURCH IN AMERICA, CENTRAL FLORIDA, INC.

Current Principal Place of Business:

3005 W. FLORIDA AVENUE
MELBOURNE, FL 32904

New Principal Place of Business:

688 EBONY STREET
MELBOURNE, FL 32935

Current Mailing Address:

3005 W. FLORIDA AVENUE
MELBOURNE, FL 32904

New Mailing Address:

688 EBONY STREET
MELBOURNE, FL 32935

FEI Number: 59-3670656

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONWAY, DAVID M FATHER
3005 W. FLORIDA AVE
MELBOURNE, FL 32904 US

Name and Address of New Registered Agent:

CONWAY, DAVID M FATHER
688 EBONY STREET
MELBOURNE, FL 32935 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:

03/12/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FATHER, CONWAY-DAVID M
Address: 3005 W. FLORIDA AVE
City-St-Zip: MELBOURNE, FL 32904

Title: D () Delete
Name: MILLER, WALTER
Address: 704 SHADYCREST LANE
City-St-Zip: FRANKLIN, TN 37064

Title: D () Delete
Name: CATIERO, LAWRENCE
Address: 255 PARADISE BLVD #45
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 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: WALTER MILLER

D`

03/12/2005

Electronic Signature of Signing Officer or Director

Date