# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 13, 2009**
**Secretary of State**

DOCUMENT# N02000000225

**Entity Name:** NATIONAL CATHOLIC CHURCH OF NORTH AMERICA, INC.

**Current Principal Place of Business:**

3481 NORTH ANDREWS AVE
OAKLAND PARK, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

3481 NORTH ANDREWS AVE
OAKLAND PARK, FL 33309

**New Mailing Address:**

**FEI Number: 65-1139460** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VILLAIRE, TERRY G BISHOP
3481 NORTH ANDREWS AVE
OAKLAND PARK, FL 33309 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: WHITE, LIONEL J BISHOP
Address: 3481 NORTH ANDREWS AVE
City-St-Zip: OAKLAND PARK, FL 33309

Title: VD ( ) Delete
Name: VILLAIRE, TERRY G BISHOP
Address: 3481 NORTH ANDREWS AVE
City-St-Zip: OAKLAND PARK, FL 33309

Title: SD ( ) Delete
Name: BRANDT, MARSHA M REV
Address: 3481 NORTH ANDREWS AVE
City-St-Zip: OAKLAND PARK, FL 33309

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**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:

Title: SD ( ) Change (X) Addition
Name: FORSYTHE, JAMES REV
Address: 3481 NORTH ANDREWS AVE
City-St-Zip: OAKLAND PARK, FL 33309

I hereby certify that the information supplied with this filing does not qualify 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: LIONEL J WHITE PD 04/13/2009

Electronic Signature of Signing Officer or Director — Date