# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 02, 2004**
**Secretary of State**

DOCUMENT# N02000006005

**Entity Name:** OLD CATHOLIC STUDIES, INCORPORATED

**Current Principal Place of Business:**

10158 NORTH DELTONA BLVD
CITRUS SPRINGS, FL 34434 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 68
HOLDER, FL 34445 US

**New Mailing Address:**

**FEI Number: 51-0423069** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

PEPPE, ENRICO GUIDO
PO BOX 68
HOLDER, FL 34445 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: | D | ( ) Delete |
| Name: | GOSSERT, PAUL | |
| Address: | 1201 WEST MAIN STREET | |
| City-St-Zip: | INVERNESS, FL 34450 US | |
| Title: | P/D | ( ) Delete |
| Name: | PEPPE, ENRICO G | |
| Address: | 10158 NORTH DELTONA BOULEVARD | |
| City-St-Zip: | CITRUS SPRINGS, FL 34434 US | |
| Title: | V/D | ( ) Delete |
| Name: | BLACKERBY, JOHN R D | |
| Address: | 12884 COUNTY ROAD 137 | |
| City-St-Zip: | WELLBORN, FL 32094 US | |
| Title: | M/D | ( ) Delete |
| Name: | BLACKERBY, VIRGINIA L | |
| Address: | 12884 COUNTY ROAD 137 | |
| City-St-Zip: | WELLBORN, FL 32094 US | |

**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: | ( ) 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: ENRICO G. PEPPE P/D 05/02/2004

Electronic Signature of Signing Officer or Director — Date