

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90155 008 \*\*\*\*70.00

<b>DOCUMENT # N03000001676</b>					
<b>1. Entity Name</b> UNITED INDEPENDENT CATHOLIC CHURCH, INC.					
<b>Principal Place of Business</b> 5289 37TH STREET SOUTH ST. PETERSBURG, FL 33711			<b>Mailing Address</b> 5289 37TH STREET SOUTH ST. PETERSBURG, FL 33711		
<b>2. Principal Place of Business</b> 1333 North Duval St		<b>3. Mailing Address</b> 441 McCormick Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01032005    Chg-NP    CR2E037 (10/03)	
<b>City &amp; State</b> Tallahassee		<b>City &amp; State</b> Bethel Springs, TN		<b>4. FEI Number</b> 35-2196711	
<b>Zip</b> 32303		<b>Country</b> US		<b>Applied For</b> Not Applicable	
<b>Zip</b> 38315		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> LITTLE, DANIEL REV. 5289 37TH STREET SOUTH ST. PETERSBURG, FL 33711			<b>7. Name and Address of New Registered Agent</b> Name: Registered Agent Legal Services, Inc. Street Address (P.O. Box Number is Not Acceptable): 1333 North Duval Street City: Tallahassee    FL    Zip Code: 32303		
<b>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.</b>					
SIGNATURE:		John R. Reeves, Pres.		2 Jun 05	
Filing Fee is \$61.25 Due by May 1, 2005		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REEVES, JOHN REV. 5289 37TH STREET SOUTH ST. PETERSBURG, FL 33711	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GILLMAN, DAVID REV. 2717 DRIFTWOOD DRIVE MESQUITE, TX 75150	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, JERRY 1525 E. GLENN AVE. SPRINGFIELD, IL 62704	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LITTLE, DANIEL 5289 37TH STREET SOUTH ST. PETERSBURG, FL 33711	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GILLMAN, BARBARA 2717 DRIFTWOOD DRIVE MESQUITE, TX 75150	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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 any attachment with an address with all other like empowered.</b>					
<b>SIGNATURE:</b>		John R. Reeves		2 Jun 05    (731) 934-9768	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	