


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90011 016 ****70.00

DOCUMENT # N03000001676					
1. Entity Name UNITED INDEPENDENT CATHOLIC CHURCH, INC.					
Principal Place of Business 1303 BROADWAY STREET VINCENNES, IN 47591			Mailing Address 1303 BROADWAY STREET VINCENNES, IN 47591		
2. Principal Place of Business - No P.O. Box # 1603 Old Creal Springs Rd Suite, Apt. #, etc.		3. Mailing Address 1603 Old Creal Springs Rd Suite, Apt. #, etc.			
City & State Marion, IL Zip 62959 Country US		City & State Marion, IL Zip 62959 Country US		4. FEI Number 35-2196711	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent REGISTERED AGENTS LEGAL SERVICES, INC. 1333 NORTH DUVAL STREET TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME REEVES, JOHN REV. STREET ADDRESS 1303 BROADWAY STREET CITY-ST-ZIP VINCENNES, IN 47591	<input type="checkbox"/> Delete		TITLE PD NAME Reeves, John Rev. STREET ADDRESS 1603 Old Creal Springs Rd CITY-ST-ZIP Marion, IL 62959	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME WOOD, JERRY REV. STREET ADDRESS 1525 E. GLENN AVE CITY-ST-ZIP SPRINGFIELD, IL 62704	<input type="checkbox"/> Delete		TITLE VD NAME WOOD, JERRY REV. STREET ADDRESS 1525 E. GLENN AVE CITY-ST-ZIP SPRINGFIELD, IL 62704	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME RITORTO, ROBERT REV STREET ADDRESS 1333 S. FOUNTAIN, APT 2 CITY-ST-ZIP ALLENTOWN, PA 18103	<input type="checkbox"/> Delete		TITLE D NAME Ritorito, Robert Rev STREET ADDRESS 1201 Colony Dr. #28 CITY-ST-ZIP Zanesville, OH 43701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME LITTLE, DANIEL STREET ADDRESS 1303 BROADWAY STREET CITY-ST-ZIP VINCENNES, IN 47591	<input type="checkbox"/> Delete		TITLE T NAME Little, Daniel STREET ADDRESS 1603 Old Creal Springs Rd CITY-ST-ZIP Marion, IL 62959	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME MORRISON, DELVIN STREET ADDRESS 1333 S. FOUNTAIN, APT CITY-ST-ZIP ALLENTOWN, PA 18103	<input type="checkbox"/> Delete		TITLE S NAME Morrison, Delvin STREET ADDRESS 1201 Colony Dr. #28 CITY-ST-ZIP Zanesville, OH 43701	<input checked="" 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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an attachment with an address with all other like empowered.					
SIGNATURE: <i>John Reeves, Pres.</i> <i>1 March 2007</i> <i>618/694-6465</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					