


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2005 8:00 am
Secretary of State

07-08-2005 90023 033 ****61.25

DOCUMENT # N03845

1. Entity Name
OUR LADY QUEEN OF PEACE CATHOLIC CEMETERY OF THEE DIOCESE OF PALM BEACH, INC.



Principal Place of Business Mailing Address

9995 N MILITARY TRAIL P.O. BOX 109650
 PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 US

50055267



DO NOT WRITE IN THIS SPACE

07052005 No Chg-NP CR2E037 (10/03)

4. FEI Number **59-2560485** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FITZGERALD, J. PATRICK
110 MERRICK WAY SUITE 3B
CORAL GABLES, FL 33134

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARBRITO, GERALD M REV. 9995 N MILITARY TRIL. PALM BEACH GARDENS, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VENGAYIL, THOMAS P.O. BOX 109650, 9995 N MILITARY TRAIL PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NOTABARTOLO, CHARLES E REV. 9995 N MILITARY TRIL. PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MURTAGH, JAMES PO BOX 109650 9995 N MILITARY TRAIL PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 an attachment with an address, with all other like empowered.

SIGNATURE: *Rev. Charles E. Notabartolo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/06/2005
Date Daytime Phone #