

FILED
Jun 06, 2005 8:00 am
Secretary of State

66021499

DOCUMENT # N04000006796				04-25-2005 90282 038 ****61.25	
1. Entity Name RECONCILIATION CATHOLIC CHURCH, INC.					
Principal Place of Business 3300 N. STATE ROAD 7, B 115 HOLLYWOOD, FL 33021			Mailing Address 3300 N. STATE ROAD 7, B 115 HOLLYWOOD, FL 33021		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 84-1652155			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HILLIS, MICHAEL J 3300 N. STATE ROAD 7, B 115 HOLLYWOOD, FL 33021			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 <i>Max Rex Michael J. Hillis D.D.</i> 4/19/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
P HILLIS, MICHAEL J 3300 N. STATE ROAD 7, B 115 HOLLYWOOD, FL 33021 ☐ Delete			☐ Change ☐ Addition		
VP YARIO, VICTOR A 3300 N. STATE ROAD 7, B 115 HOLLYWOOD, FL 33021 ☐ Delete			☐ Change ☐ Addition		
S PETZING, WILLIAM 3300 N. STATE ROAD 7, B 115 HOLLYWOOD, FL 33021 ☐ Delete			☐ Change ☐ Addition		
T Yorio, Victor A. 3300 N. State Rd 7 B-115 Hollywood, FL 33021 ☐ Delete			Yorio, Victor A. 3300 N. State Rd 7 B-115 Hollywood, FL 33021 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
☐ Delete			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
☐ Delete			☐ Change ☐ Addition		
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, and I am other like empowered.					
SIGNATURE: <i>Max Rex Michael J. Hillis D.D.</i> 4-25-05 (954) 965-9652 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					