


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 05, 2007 8:00 am**  
**Secretary of State**

07-05-2007 90057 009 \*\*\*\*61.25

**DOCUMENT # N06000008518**

1. Entity Name  
 OUR LADY OF GUADALUPE OLD CATHOLIC CHURCH OF AMERICA, INC.



Principal Place of Business  
 22199 AQUILA ST  
 BOCA RATON, FL 33428

Mailing Address  
 22199 AQUILA ST  
 BOCA RATON, FL 33428

4233 NW 81 Terrace

40122761

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 4233 NW 81 Terrace  
 Suite, Apt. #, etc.



06292007 Chg-NP CR2E037 (12/06)

City & State  
 CORAL SPRINGS FL

City & State  
 CORAL SPRINGS FL

Zip  
 33065

Country  
 BROWARD

Country  
 BROWARD

4. FEI Number  
 Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

BECKER, ALLIENNE  
 4233 NW 81 TERRACE  
 CORAL SPRINGS, FL 33065

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

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 Allienne R Becker Allienne R Becker 7/2/2007  
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 14, 2007**

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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOSTWICK, JAMES E 409 N LEXINGTON PARKWAY DEFOREST, WI 53532	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PD TD</del> LEZAMA, JOSE V 10880 EUREKA ST BOCA RATON, FL 334284067	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>TD SD</del> BECKER, ALLIENNE 4233 NW 81 TERRACE CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D</del> FUENTES, RAFAEL 22199 AQUILA ST BOCA RATON, FL 33428	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OCHOA, ALVARO N 1910 WEST BEACHER STREET MILWAUKEE, WI 53215	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D</del> ROSA, MAX 1857 WALDORF STREET WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: Allienne R Becker Allienne R. BECKER 7/2/2007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone#