

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N13849** (7)
1. Corporation Name
**THE TRADITIONAL CATHOLIC CHURCHES OF FLORIDA INC
ORPORATED**

Principal Place of Business 5206 TENTH AVE., SOUTH C/O REV. W. ARSENAULT GULFPORT FL 33707 US	Mailing Address 5206 TENTH AVE., SOUTH C/O REV. W. ARSENAULT GULFPORT FL 33707 US
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3. Date Incorporated or Qualified 02/28/1986
4. FEI Number 59-2869111
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 5011 VILLAGE GARDENS DR Suite, Apt. #, etc.	2a. Mailing Address 26 5011 VILLAGE GARDENS DR Suite, Apt. #, etc.
23 SARASOTA FL City & State	28 SARASOTA FL City & State
24 34234 Zip	29 34234 Zip
25 USA Country	30 USA Country

9. Name and Address of Current Registered Agent ARSENAULT, WILLIAM L 5206 TENTH AVE., SOUTH GULFPORT FL 33707	10. Name and Address of New Registered Agent 81 Name BISHOP ROBT. J. GUMIENNY 82 Street Address (P.O. Box Number is Not Acceptable) 5011 VILLAGE GARDENS DRIVE 83 84 City SARASOTA FL 85 Zip Code 34234
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD ARSENAULT, WILLIAM L 5206 TENTH AVENUE SO. GULFPORT FL 33707	1.1 TITLE	PRESIDENT / DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARSENAULT, WILLIAM L	1.2 NAME	REV. BISHOP ROBT. GUMIENNY
STREET ADDRESS	5206 TENTH AVENUE SO.	1.3 STREET ADDRESS	5011 VILLAGE GARDENS DRIVE
CITY-ST-ZIP	GULFPORT FL 33707	1.4 CITY-ST-ZIP	SARASOTA FL 34234
TITLE	VD ARSENAULT, LAWRENCE W 5206 TENTH AVE. SO. GULFPORT FL 33707	2.1 TITLE	SECRETARY / TREASURER / DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARSENAULT, LAWRENCE W	2.2 NAME	HERMAN PINTZOW
STREET ADDRESS	5206 TENTH AVE. SO.	2.3 STREET ADDRESS	3223 LOCKWOOD RIDGE ROAD #198
CITY-ST-ZIP	GULFPORT FL 33707	2.4 CITY-ST-ZIP	SARASOTA FL 34234
TITLE	SD ARSENAULT, MURIEL B 5206 TENTH AVENUE SO. GULFPORT FL 33707	3.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARSENAULT, MURIEL B	3.2 NAME	WILLIAM L. ARSENAULT
STREET ADDRESS	5206 TENTH AVENUE SO.	3.3 STREET ADDRESS	5206 TENTH AVE SOUTH
CITY-ST-ZIP	GULFPORT FL 33707	3.4 CITY-ST-ZIP	GULFPORT, FL 33707
TITLE	VTD GUMIENNY, RT. REV. MSGR. 5011 VILLAGE GARDENS DRIVE SARASOTA FL 34234	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUMIENNY, RT. REV. MSGR.	4.2 NAME	REV. CHARLES D. JACKSON
STREET ADDRESS	5011 VILLAGE GARDENS DRIVE	4.3 STREET ADDRESS	235 EAST JOEL BLVD
CITY-ST-ZIP	SARASOTA FL 34234	4.4 CITY-ST-ZIP	LEHIGH ACRES, FL 33936
TITLE	TTD PINTZOW, HERMAN 3223 LOCKWOOD RIDGE RD #198 SARASOTA FL 34234	5.1 TITLE	
NAME	PINTZOW, HERMAN	5.2 NAME	
STREET ADDRESS	3223 LOCKWOOD RIDGE RD #198	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34234	5.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT RT. REV. FRANCIS CARDENAS	6.1 TITLE	VICE PRESIDENT / DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RT. REV. FRANCIS CARDENAS	6.2 NAME	RT. REV. FRANCIS CARDENAS
STREET ADDRESS		6.3 STREET ADDRESS	832 FILLMORE ST
CITY-ST-ZIP		6.4 CITY-ST-ZIP	GARY, INDIANA 46402

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

8-30-98

CR2E037 (10/97)