

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90297 023 ****70.00

DOCUMENT # N13849

1. Entity Name
**THE TRADITIONAL CATHOLIC CHURCHES OF FLORIDA INC
ORPORATED**



Principal Place of Business
**19 COLD SPRING COURT
PALM COAST FL 32137
US**

Mailing Address
**19 COLD SPRING COURT
PALM COAST FL 32137
US**

2. Principal Place of Business
19 Cold Spring Court

3. Mailing Address
19 Cold Spring Court

Suite, Apt. #, etc.

City & State
Palm Coast, Florida

City & State
Palm Coast, Florida

Zip
32137

Country
U.S.A.



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**FRANCONE, CHRISTOPHER BIS
19 COLD SPRING COURT
PALM COAST FL 32137**

4. FEI Number **59-2869111**

Applied For
☐ Not Applicable

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

7. Name and Address of New Registered Agent

Name **Bishop Christopher Francone**

Street Address (P.O. Box Number is Not Acceptable)
19 Cold Spring Court

City **Palm Coast** **FL** Zip Code **32137**

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 *Bishop Christopher Francone* (NOTE: Registered Agent signature required when reinstating.) DATE **Jan. 31-03**

FILE NOW: FEE IS \$61.25

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	PDC FRANCONE, CHRISTOPHER BIS 19 COLD SPRING COURT PALM COAST FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SWYERS, WILLIAM BIS 665 MILES STANDISH LANE N FT MYERS FL 33918 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PINTZOW, HERMAN 3233 LOCKWOOD RIDGE RD #198 SARASOTA FL 34234 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERR, ROBERT L REV 2442 BAY STREET SARASOTA FL 34237 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARSENault, WILLIAM L BIS 812 PONDEROSA PINE PENSACOLA FL 32526 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PASAQUALE, LUIGI BIS 19 COLD SPRING COURT PALM COAST FL 32137 <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 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 *Bishop Christopher Francone* **Jan. 31-03 - 386-4460318**

CR2E037 (10/02)