

N14-000008134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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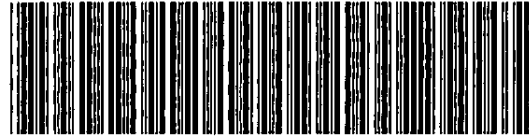
(Business Entity Name)

(Document Number)

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APPROVAL  
AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/4

## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: **ST. DISMAS OLD CATHOLIC CHURCH, INC.**  
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: **Archbishop John J. Spicer, D.D.**  
Name (Printed or typed)

**5615 N.W. 56th Avenue**  
Address

**Tamarac, Florida 33319**  
City, State & Zip

**954-916-7734**  
Daytime Telephone number

**jjjspicer@yahoo.com**  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

APPROVED  
AND  
FILED

**ARTICLE I NAME**

The name of the corporation shall be: St. Dismas Old Catholic Church, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
5615 N.W. 56th Avenue

Tamarac, Florida 33319

Mailing address, if different is:

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SECRETARY OF STATE  
ATLANTA, GEORGIA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Place of Worship - Old Catholic Church Tradition

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Appointed

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Karen J. Gemignani, Director/Treasurer

Address: 5714 N.W. 66th Terrace  
Tamarac, Florida 33321

Name and Title: Bishop Domenico Piro, Director/Secretary

Address: 5615 N.W. 56th Avenue  
Tamarac, Florida 33319

Name and Title: Rev. Carlos Munoz, Director

Address: 5010 S.W. 26th Avenue  
Ft. Lauderdale, Florida 33312

Name and Title: John Mastrogiovanni, Director/President

Address: 5005 N.W. 58th Street  
Tamarac, Florida 33319

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

APPROVAL  
AND  
FILED

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: 14 SEP -2 PM 4: 09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Archbishop John J. Spicer, Registered Agent

Address: 5615 N.W. 56th Avenue  
Tamarac, Florida 33319

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Archbishop John J. Spicer, D.D.

Address: 5615 N.W. 56th Avenue  
Tamarac, Florida 33319

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

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Required Signature of Registered Agent

September 25, 2014

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

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Required Signature of Incorporator

September 25, 2014

Date