

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 11 1997 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N18699** (1)

1. Corporation Name

**CHRIST THE GOOD SHEPHERD MINISTRIES INDEPENDENT
CATHOLIC ALLIANCE, INC.**

Principal Place of Business

Mailing Address

HC-1, BOX 702
OLD TOWN FL 32680
US

P.O. BOX 447
OLD TOWN FL 32680-0447
US



| | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 01/12/1987 | 3a. Date of Last Report 04/11/1996 |
| 21 | | 26 | | 4. FEI Number 59-2747650 | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 | | 27 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| City & State | | City & State | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 23 | | 28 | | | |
| Zip | Country | Zip | Country | | |
| 24 | | 29 | | | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCARTHY REV RONALD C
HC-1, BOX 702
OLD TOWN FL 32680

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| FL | 85 Zip Code |

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, 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 | PD MCCARTHY <input type="checkbox"/> DELETE | 1.1 TITLE | PD MCCARTHY, Rev. Ronald C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCCARTHY RONALD C | 1.2 NAME | HC-1, Box 702 |
| STREET ADDRESS | HC-1, BOX 702 | 1.3 STREET ADDRESS | OLD TOWN, FL 32680 |
| CITY-ST-ZIP | OLD TOWN FL | 1.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | TARBOX DENISE T | 2.2 NAME | WILSON, LARRY J. |
| STREET ADDRESS | ROUTE 1 BOX 357 | 2.3 STREET ADDRESS | HC-1, Box 702 |
| CITY-ST-ZIP | MORRISTON FL | 2.4 CITY-ST-ZIP | OLD TOWN FL 32680 |
| TITLE | SD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | |
| NAME | SMITH, DOUGLAS P | 3.2 NAME | |
| STREET ADDRESS | 4865 N LONGBOW LOOP | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | HERNANDO FL | 3.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 4.1 TITLE | |
| NAME | BUSQUES, MIRIAM S. REV. | 4.2 NAME | |
| STREET ADDRESS | 965 SUNRISE DR | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | TARPON SPRINGS FL | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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:

Rev Ronald C. McCarthy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-97 (352)542-8228

Date

Daytime Phone #001847

CR2E037 (9/96)