

5-13-97 B-7120-C
FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N20980** (1)

1. Corporation Name

THE CATHOLIC ORTHODOX CHURCH, INC.

Principal Place of Business

Mailing Address

**7550 N. UNIVERSITY DR.
TAMARAC FL 33321
US**

**7550 N. UNIVERSITY DR.
TAMARAC FL 33321-2904
US**



3. Date Incorporated or Qualified
05/11/1987

3a. Date of Last Report
05/17/1996

2. Principal Place of Business

2a. Mailing Address

21 **1711 N. ST. RD. 7**

26 **1711 N. ST. RD. 7**

4. FEI Number
59-2838651

Applied For
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE J**

27 **SUITE J**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23 **MARGATE, FL**

28 **MARGATE, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 **33063**

25 **USA**

29 **33063**

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRYN, FR. LOUIS
7550 N. UNIVERSITY DR.
TAMARAC FL 33321**

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

TITLE	PT	<input type="checkbox"/> DELETE
NAME	BRYN, FR. LOUIS	
STREET ADDRESS	7550 N. UNIVERSITY DR.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FORLANO, CATHERINE	
STREET ADDRESS	7550 N. UNIVERSITY DR.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	NOSCHES, LINDA	
STREET ADDRESS	7550 N. UNIVERSITY DR.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILITELLO, GEORGE	
STREET ADDRESS	1826 NW 88TH WAY	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FORLAND, CATHERINE	
STREET ADDRESS	215 E MAIN ST APT 12A	
CITY-ST-ZIP	EAST ISLIP NY 11730	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1711 N. ST. RD. 7, SUITE J
1.4 CITY-ST-ZIP	MARGATE, FL 33063
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1711 N. ST. RD. 7, SUITE J
3.4 CITY-ST-ZIP	MARGATE, FL 33063
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CASTELLUCIA, ANTHONY
4.3 STREET ADDRESS	4084 SIERRA TERRACE
4.4 CITY-ST-ZIP	SUNRISE, FL 33355
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	FORLANO, CATHERINE
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	WILLIS, WILLIAM
6.3 STREET ADDRESS	16 TERRACE WEST WAY #85
6.4 CITY-ST-ZIP	PLATTSBURGH, NY 12901

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:

Linda Noschese
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-28-97 (954) 971-0033
Daytime Phone # 0036937

CR2E037 (9/96)