

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State,
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 MAR 26 AM 8:13

DOCUMENT # **N33526** (7)
1. Corporation Name
ST. LUCY'S CATHOLIC APOSTOLIC CHURCH, INC.



Principal Place of Business
**% DAVID W. CRANE
2787 E. OAKLAND PARK BLVD. STE 403
FORT LAUDERDALE FL 33306**

Mailing Address
**P. O. BOX 1561
OCALA FL 34478
US**

3. Date Incorporated or Qualified
08/01/1989

3a. Date of Last Report
07/07/1995

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

4. FEI Number
65-0141554

Applied For
☐ Not Applicable

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

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

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

9. Name and Address of Current Registered Agent

**CRANE, DAVID W.
2787 E. OAKLAND PARK BLVD
SUITE 403
FORT LAUDERDALE FL 33306**

10. Name and Address of New Registered Agent

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

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	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCCARO, DOROTHY	1.2 NAME	DOROTHY ZUCCARO
STREET ADDRESS	5555 BAY CLUB DR #88	1.3 STREET ADDRESS	3101 NE 47 CT.
CITY-ST-ZIP	LAUD BY THE SEA FL	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33308
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANGULO, EUSELIO ENRIQUE	2.2 NAME	MARLENE E. GARCIA
STREET ADDRESS	241 E. 54TH ST.	2.3 STREET ADDRESS	1350 EMERALD RD.
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	OCALA, FL. 34470
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROOVER, WILLIAM C.	3.2 NAME	WILLIAM C. GROOVER
STREET ADDRESS	305 NE 1ST ST.	3.3 STREET ADDRESS	221 SW BROADWAY ST.
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	OCALA, FL. 34478
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	200001757342
STREET ADDRESS		4.3 STREET ADDRESS	-03/26/96--01075--003
CITY-ST-ZIP		4.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/18/96 867-7128

CR2E037 (12/95)