

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **N33717 (2)**

95 MAY -1 1:10:04

1. Corporation Name
ST. MICHAEL THE ARCHANGEL LCC MISSION INC.

Principal Place of Business Mailing Address
P.O. BOX 450095 C/O HENRY BREITENKAM
SUNRISE FL 33345 9472 NW 45 PLACE
US 33351
[Signature]

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/15/1989** 3a. Date of Last Report **04/29/1994**
4. FEI Number **65-0171754** 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199, U.S.C., Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 **PO Box 450095**
22 City & State 27 **Sunrise FL**
23 Zip 28 **33345-0095** 30 **Florida**

9. Name and Address of Current Registered Agent
BREITENKAM HENRY R.
9472 NW 45 PLACE
SUNRISE FL 33351

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **7202 NW 59 ST**
83 **TAMARAC, FL 33321**
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **4.28.95**
Signature of typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE P/D
NAME **PETERSON, MARJORIE**
STREET ADDRESS **6295 SW 33 ST** D
CITY-ST-ZIP **MIAMI FL**
TITLE V/D
NAME **TAMARGO, JOSE A**
STREET ADDRESS **15741 NW 14TH AVE** D
CITY-ST-ZIP **MIAMI FL**
TITLE ST/D
NAME **BREITENKAM, HENRY R**
STREET ADDRESS **9472 NW 45TH PLACE** D
CITY-ST-ZIP **SUNRISE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE Change Addition
32 NAME **ST BREITENKAM, Henry R**
33 STREET ADDRESS **7202 NW 59 ST**
34 CITY-ST-ZIP **TAMARAC, FL** D
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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 110.07(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 of this report, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE **4.28.95**
Signature and typed or printed name of signing officer or director (Date) (Daytime Phone #)
Henry R. Breitenkam