NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Feb 11, 1999 8:00 am Secretary of State

02-11-1999 90062 034 \*\*\*\*70.00

## **DOCUMENT # N34559**

1. Corporation Name

BROTHER'S KEEPER OF SAINT CHARLES BORROMEO CATHO LIC PARISH, INC.

Principal Place of Busines
4007 EDGEWATER DR
4001 EDGEWATER DR
ORLANDO FL 32804
US

Mailing Address
% FRANK SEVICK

% Frank Sevick 4001 Edgewater DR Orlando Fl 32804

EVICK Vater dr 'L 32804	

	Principal Place of Business 2a. Mailing Address			3	3. Date Incorporated or Qualifed					lifed				
21	26					10/05/1989								
	Suite, Apt. #, etc.			C.				4. FEI Number			<u></u>	Applied For		
22								59-07379	03		1	Not Applicable		
<u></u> '	& State		City & State				٠	5. Certifoate of	Status Dosiro	ed 🖟	\$8.75	Additional		
23			28			5. Certificate of Status Desired Fee Required						Required		
Zip	c	Country	Zip		Country		6	6. Election Campaign Financing \$5.00 May Be						
24	25		29	30				Trust Fund (	Contribution	<b>.</b>		to Fees		
	9. Name and A	Address of Current	Registered Agent				10	0. Name and A	Address of No	ew Registered	d Agent			
					81	Name	е							
SEVICK, FRANK														
	EDGEWATER DR				82 Street Address (P.O. Box Number is Not Acceptable)									
	ANDO FL 32804				83									
	MIDO I L 32007										·	, ,		
					84	City					85 Zip	Code		
	eren given tiene et la bestelle et una de la 🚭 ye ar envectair, que													
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 in the representations of Section 617.0503. Florida Statutes.														
age	ent. I am familiar with, and	d accept the obligation	ns of, Section 617.050	3, Florida S	tatutes.		,			77 X 48 3 4 5 1 1	15.4 Chair	asi ya ka		
SIGNAT	TURE										•			
	Signature, typed or printe	ed name of registered agent a		(NOTE: Registe		signature	required when			DATE				
12.		OFFICERS AND			3.			ADDITIONS/C		OFFICERS A	ND DIRECT	ORS IN 12		
TITLE	PD		☐ DELE	TE 1.	1 TITLE				4		Change Change	Addition		
NAME	Mainardi, Don	MAINARDI, DONALD FR. 12			2 NAME		İ							
STREET AC	EET ADDRESS 4001 EDGEWATER DRIVE. 1.3 s			3 STREET	ADDRESS	s		vo		•	·			
CITY-ST-Z	P ORLANDO FL	ODI ANDO EI			4 CITY-ST	-ZIP					., .			
TITLE	VTD		☐ DELE		TITLE						☐ Change	Addition		
NAME	SEVICK, FRANK	SEVICK FRANK			2 NAME							ا		
STREET AD	4004 EDOCHATED DD			l f										
	001 41100 51	ODI ANDO EI			2.3 STREET ADDRESS									
CITY-ST-Z	SD SD		☐ DELE		4 CITY-ST	r-ZIP			•			FT A 4 4/4		
			ם אכוב		TITLE						Change	Addition		
NAME				3.2	NAME									
STREET AD		AVE		3.3	STREET	ADDRESS	5							
CITY-ST-ZI	ORLANDO FL				CITY-ST	-ZIP	<u> </u>			<u> </u>	,			
TITLE			☐ DELE.	TE 4.1	TITLE						☐ Change	☐ Addition		
NAME				4.:	2 NAME					e 21964.00	And the first control	egenga , ege		
STREET AD	ORESS			4.3	STREET	ADDRESS	3			2 ( ) A ( ) ( )		翻锁链链		
CITY-ST-ZI	ρ			4.4	CITY-ST	ZIP	1		一个 新力多品					
TITLE		****	☐ DELE		TITLE		<u> </u>				☐ Change	Addition		
NAME				5.2	NAME						_ •-	· ·		
STREET AD	DRESS			5.3	STREET	ADDRESS	<u>.</u>			4		1		
CITY-ST-ZI	1.89				CITY-ST			148 M.						
TITLE			☐ DELE		TITLE		<del> </del>	<del> </del>		•	ClChococ	- Addition		
NAME	\$20 J. 45040 (AV	• •			NAME			12 6	• *		☐ Change	Addition		
	63716					LODOE00	.]				•			
STREET AD	URESS			6.3	STREET	ADDKE22	']							

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR

CR2F037 (11/98