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3-22-95 B-2500-KC

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 22 AM 9:04

DOCUMENT # N36289 (9)

1. Corporation Name  
**OUR LADY OF THE ROSARY OLD ROMAN CATHOLIC CHURCH, INC.**

Principal Place of Business Mailing Address  
**% REV CHARLES T. BRUSCA  
679 SW 17 CT  
BOCA RATON FL 33486**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **01/19/1990** 3a. Date of Last Report **04/22/1994**  
4. FEI Number **59-2387861** 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 601(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**BRUSCA, CHARLES T. REV  
679 SW 17 CT  
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent  
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 607.0502 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	BRUSCA, CHARLES T.
STREET ADDRESS	679 SW 17 CT
CITY- ST- ZIP	BOCA RATON FL
TITLE	D
NAME	BOUCLIER, MARIE
STREET ADDRESS	9998 SUNPOINTE DR-
CITY- ST- ZIP	BOYNTON BCH FL
TITLE	D
NAME	KIZLIK, SANDRA
STREET ADDRESS	21929 WHITE PINE TERRACE
CITY- ST- ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2400 BLACK OLIVE DRIVE #101
2.4 CITY- ST- ZIP	DELRAY BEACH, FL 33445
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	GOEURY, CAROL A.
3.4 CITY- ST- ZIP	1345 SW 9TH AVE BOCA RATON, FL 33486
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles T. Brusca* CHARLES T. BRUSCA 10-MARCH 1995 407-391-8385  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone) (Fax #)