

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N36289 (9)
1. Corporation Name

OUR LADY OF THE ROSARY OLD ROMAN CATHOLIC CHURCH, INC.



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

3. Date Incorporated or Qualified: **01/19/1990** 3a. Date of Last Report: **03/22/1995**

2. Principal Place of Business: **21** 2a. Mailing Address: **26**

4. FEI Number: **59-2387861** Applied For: Not Applicable:

Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**

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

City & State: **23** City & State: **28**

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

Zip: **24** Country: **25** Zip: **29** Country: **30**

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

**BRUSCA, CHARLES T. REV
679 SW 17 CT
BOCA RATON FL 33486**

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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|---------------------------------|--|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BRUSCA, CHARLES T. | |
| STREET ADDRESS | 679 SW 17 CT | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | BOUCLIER, MARIE | |
| STREET ADDRESS | 2400 BLACK OLIVE DR #101 | |
| CITY-ST-ZIP | DELRAY BEACH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GOEURY, CAROL A. | |
| STREET ADDRESS | 1345 SW 9TH AVE | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|-------------------|--------------------------|--|
| 11 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | | |
| 13 STREET ADDRESS | | |
| 14 CITY-ST-ZIP | | |
| 21 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22 NAME | BLAKEMORE, STEVEN | |
| 23 STREET ADDRESS | 651 SW 17 STREET | |
| 24 CITY-ST-ZIP | BOCA RATON FL | 33486 |
| 31 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY-ST-ZIP | | |
| 41 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY-ST-ZIP | | |
| 51 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-ST-ZIP | | |
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Charles T. Brusca* Date: **4-22-96** Daytime Phone #: **407-391-8365**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHARLES T. BRUSCA

CR2E037 (12/95)