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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N36289

(9)

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

							EBS #1911 B1911	61611 A1811 A1	
Principal Place o		Mailing Address	DDIICOA		l I				
% REV CHARLES T. BRUSCA 679 SW 17 CT BOCA RATON FL 33486		% REV CHARLES T. 679 SW 17 CT	% REV CHARLES T. BRUSCA 679 SW 17 CT						
		BOCA RATON FL 33486		3 . Da	3. Date Incorporated or Qualified 01/19/1990 3a. Date of Last Report 03/22/1995				
2. Principal Plac	no of Business	2a. Mailing Address			4. FE	Number		Ar	oplied For
2. Filikupai Fiac 1	Of Ol Dus⊩iess	26				59-2387861		N	ot Applicable
Suite, Apt. #.	, etc.	Suite, Apt. #, etc.			5.00	ertificate of Status Desired		•	Additional
2		27							equired
City & State		City & State				ection Campaign Financing			May Be
3		28				ust Fund Contribution his corporation has liability for			to Fees
Zip ™1	Country	Zip	Count 30	ry		orida Statutes	intangibie tax ☐ Yes ⊡ 1	No	199.002,
4	9, Name and Address of Curre	29 ant Registered Agent	130			ame and Address of New F			
	5. Italio dila rizationi di			1 Name					
RRISCA	CHARLES T. REV		ļ.,	2 Street	Address (P.O.	Box Number is Not Acceptat	ole)		
679 SW 1			"	Sirecti	100100011.0.				
	TON FL 33486		8	3					
	.		<u> </u>	14 City				85 Zip	Code
				1 1			<u> </u>		
	o the provisions of Sections 617.050 ed agent, or both, in the State of Flo n, and accept the obligations of, Sec			e-named co rporation's	proration sub board of direc	mits this statement for the pu ctors. I hereby accept the app	oointment as r	registered	agent. I am
SIGNATURE									
SIGNATURE _	Signature, typeg or printed name of registered age	are dated in the opposite to	(NOTE: Registered A	gent signature r	equired when reins	tating' DOLLIONS/CHANGES TO GEL	DATE FICERS AND	DIREC10	RS IN 12
12.	OFFICERS A	ND DIRECTORS	13.		equired when reins	tating DDITIONS/CHANGES TO OFF	FICERS AND	DIRECTO	
12.	OFFICERS A	are dated in the opposite to	13. 1 1 Tutu	F	enuired when reins	iating DDITIONS/CHANGES TO OFF	FICERS AND		
12. TITLE NAME	OFFICERS A D BRUSCA, CHARLES T.	ND DIRECTORS	13. 11 TITL 12 NAM	E	erpired whererens	taing DOITIONS/CHANGES TO OFI	FICERS AND		
12. TITLE NAME STREET ADDRESS	D BRUSCA, CHARLES T. 679 SW 17 CT	ND DIRECTORS	13. 11 TITL 1.2 NAM 1.3 STR	E ME EET ADORESS	erpuired when reins	taing DOITIONS/CHANGES TO OFI	FICERS AND		
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D BRUSCA, CHARLES T. 679 SW 17 CT BOCA RATON FL	ND DIRECTORS DELETE	13. 1 1 TITL 1.2 NAN 1.3 STR 1.4 CIT	E ME EET ADORESS Y-ST-ZIP	A	DOITIONS/CHANGES TO OF	FICERS AND	Change	☐ Addition
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SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96

407-391-8385

Daytime Phone #

CR2E037 (12/9