

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90154 014 ****61.25

DOCUMENT # N36289

1. Entity 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**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2387861

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 type="checkbox"/> Delete
NAME	LEBBAD, FLORITA	
STREET ADDRESS	2601 NE 14TH CAUSWAY	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CECCHI, IRENE	
STREET ADDRESS	12 SE ROYAL PALM WAY (#306)	
CITY-ST-ZIP	BOCA RATON FL 33482	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARON MILLER	
STREET ADDRESS	6755 NW 16 ST	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles T. Brusca* **CHARLES T. BRUSCA** 4-19-2002 561-391-8385

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)