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05 MAY - 11 AM 9:34

SECRETARY OF STATE
DIVISION OF CORPORATIONS

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N36952 (2)
1. Corporation Name
THE ECUMENICAL CATHOLIC CHURCH OF AMERICA INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **2611 FORBES STR JACKSONVILLE FL 32204 US**
Mailing Address: **10724 SADDLEBRED DR JACKSONVILLE FL 32257 US**

3. Date Incorporated or Qualified 03/05/1990	3a. Date of Last Report 08/09/1994
4. FEI Number 59-2993344	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for filable tax under S. 194 U.S. Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
OLDRING, REV. WILLIAM J. 10724 SADDLEBRED DRIVE JACKSONVILLE FL 32257		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		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: *William J. Oldring, Rev. William J. Oldring* DATE: **5-1-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12?	
TITLE	DP BROWSSARD, MAX 1828 MAIN STR PATTERSON LA	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DV SMITH, TOM 225 CENTER GROVE RD RANDOLPH NJ	12. NAME	
TITLE	TS OLDRING, WILLIAM J 10724 SADDLEBRED DR JACKSONVILLE FL	13. STREET ADDRESS	
TITLE		14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		21. TITLE	
TITLE		22. NAME	
TITLE		23. STREET ADDRESS	
TITLE		24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		31. TITLE	
TITLE		32. NAME	
TITLE		33. STREET ADDRESS	
TITLE		34. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		41. TITLE	
TITLE		42. NAME	
TITLE		43. STREET ADDRESS	
TITLE		44. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		51. TITLE	
TITLE		52. NAME	
TITLE		53. STREET ADDRESS	
TITLE		54. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		61. TITLE	
TITLE		62. NAME	
TITLE		63. STREET ADDRESS	
TITLE		64. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(b), 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: *Rev. William J. Oldring* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Rev. William J. Oldring - 5-1-95** 704-262-7022