

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 4-12-96

B- 3516 C

DOCUMENT # N40702

(5)

1. Corporation Name

CATHOLIC APOSTOLIC CHURCH IN NORTH AMERICA, INC.



Principal Place of Business

Mailing Address

P. O. BOX 637
BOCA RATON FL 33427
US

P. O. BOX 6379
BOCA RATON FL 33427
US

3. Date Incorporated or Qualified
11/05/1990

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21 105 Royal Park Drive

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 4-E

27

City & State

City & State

23 Ft. Lauderdale, Florida

28

Zip 33309 Country USA

Zip Country

24 33309

25 USA

29

30

4. FEI Number
65-0229141

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

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

HLADNEY, JOSEPH E MOST
105 ROYAL PARK DRIVE
SUITE 4E
FT. LAUDERDALE FL 33309

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HLADNEY, JOSEPH
STREET ADDRESS 105 ROYAL PARK DR. #4E
CITY-ST-ZIP FT. LAUDERDALE FL ☐ DELETE

TITLE D
NAME GONZALEZ, JUSTO
STREET ADDRESS 250 W 91ST #4N
CITY-ST-ZIP NEW YORK NY ☒ DELETE

TITLE D
NAME VILLEGAS, JOSE
STREET ADDRESS 250 W 91ST ST. 4N
CITY-ST-ZIP NEW YORK NY ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE D
22 NAME Kelly Anderson
23 STREET ADDRESS 105 Royal Pk. Dr. #4E
24 CITY-ST-ZIP Ft. Lauderdale, FL 33309 ☒ Change ☐ Addition

31 TITLE D
32 NAME Orlando Molina
33 STREET ADDRESS 1190 E. 4th. Ave
34 CITY-ST-ZIP Hialeah, FL 33010 ☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ 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)(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: Joseph Hladney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 5, 1996 (954)
485-3062

Date

Daytime Phone #

CR2E037 (12/95)