

FILE NOW: FILING FEE IS \$61.25

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Jan 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **N43722 (0)**  
1. Corporation Name  
**OLD CATHOLIC CHURCH, INC.**



Principal Place of Business Mailing Address  
**1410 LAKE TARPON AVENUE  
TARPON SPRINGS FL 34689** **1410 LAKE TARPON AVENUE  
TARPON SPRINGS FL 34689-5318**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/31/1991</b>	3a. Date of Last Report <b>05/01/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3127960</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Added to Fees	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>RECTOR, ROBERT L. 1410 LAKE TARPON AVENUE TARPON SPRINGS FL 34689</b>				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: *FR. Robert L. Rector* FR. ROBERT L. RECTOR 11/21/97  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CDT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RECTOR, ROBERT L.</b>	1.2 NAME	
STREET ADDRESS	<b>1205 E. LEMON ST.</b>	1.3 STREET ADDRESS	<b>30230 JOHNSTON RD.</b>
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	1.4 CITY-ST-ZIP	<b>DADE CITY, FL. 33523</b>
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VANCE, ROBERT G.</b>	2.2 NAME	
STREET ADDRESS	<b>4132 WILMETTE PL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SDT</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>DT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBINSON, DORIS</b>	3.2 NAME	
STREET ADDRESS	<b>1031 NORMANDY BLVD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLIDAY FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SDT</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>SDT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RECTOR, LADONNA</b>	4.2 NAME	<b>RECTOR, LADONNA</b>
STREET ADDRESS	<b>30230 JOHNSTON RD</b>	4.3 STREET ADDRESS	<b>30230 JOHNSTON RD.</b>
CITY-ST-ZIP	<b>DADE CITY, FL. 33523</b>	4.4 CITY-ST-ZIP	<b>DADE CITY, FL., 33523</b>
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>DT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEMSURIER, GEORGE H.W.</b>	5.2 NAME	<b>LEMSURIER, GEORGE H.W.</b>
STREET ADDRESS	<b>60 CROWN CREST</b>	5.3 STREET ADDRESS	<b>60 CROWN CREST</b>
CITY-ST-ZIP	<b>OTTOWA, ON CANADA</b>	5.4 CITY-ST-ZIP	<b>OTTOWA, ON CANADA</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: *FR. Robert L. Rector* FR. ROBERT L. RECTOR 11/21/97 (352) 588 3729

CR2E037 (9/96)