

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43722

FILED  
May 05, 2005  
Secretary of State

Entity Name: OLD CATHOLIC CHURCH, INC.

**Current Principal Place of Business:**

30230 JOHNSTON RD  
DADE CITY, FL 33523 US

**New Principal Place of Business:**

**Current Mailing Address:**

30230 JOHNSTON RD  
DADE CITY, FL 33523 US

**New Mailing Address:**

FEI Number: 59-3127960      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

RECTOR, ROBERT L  
30230 JOHNSTON ROAD  
DADE CITY, FL 33523 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: CDT ( ) Delete  
Name: RECTOR, ROBERT L  
Address: 30230 JOHNSTON RD  
City-St-Zip: DADE CITY, FL

Title: SDT ( ) Delete  
Name: RECTOR, LADONNA  
Address: 30230 JOHNSTON RD  
City-St-Zip: DADE CITY, FL

Title: D ( ) Delete  
Name: LANE, RICHARD P  
Address: 8850 KNOT APT #231  
City-St-Zip: BUENA PARK, CA 90620

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. RECTOR

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

CDT

05/05/2005

\_\_\_\_\_ Date