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Apr 22 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N48072 (5)  
1. Corporation Name  
THE INDEPENDENT ORTHODOX CATHOLIC CHURCH INC.



Principal Place of Business Mailing Address  
3350 N.E. 16 TERR SUITE 9 POMPANO BEACH FL 33064  
3350 N.E. 16 TERR SUITE 9 POMPANO BEACH FL 33064-6253

2. Principal Place of Business 2a. Mailing Address  
21 4251 NW 9 AVE 26 4251 NW 9 AVE.  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 105 27 105  
City & State City & State  
23 POMPANO BCH, FL. 28 POMPANO BCH, FL.  
Zip Country Zip Country  
24 33064 25 BROWARD 29 33064 30 BROW.

3. Date Incorporated or Qualified 03/24/1992 3a. Date of Last Report 01/25/1996  
4. FEI Number 65-0401658 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

COFFEY, JANICE LEAH  
3350 N.E. 16 TERRACE  
SUITE 9  
POMPANO BEACH FL 33064

81 Name COFFEY, JANICE LEAH  
82 Street Address (P.O. Box Number is Not Acceptable) 4251 NW 9 AVE  
83 105  
84 City POMPANO BCH, FL FL 85 Zip Code 33064

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]* COFFEY, J.L. DATE 3-29-97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	COFFEY, JANICE LEAH	3350 NE 16 TERR, STE 9	POMPANO BCH FL	<input checked="" type="checkbox"/>
TS	KELLY, KAREN	306 SW 2 CT, STE 1	POMPANO BCH FL	<input type="checkbox"/>
T	CHAMPANE, LEE	306 SW 2 CT, STE 1	POMPANO BCH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PD	COFFEY, JANICE LEAH	4251 NW 9 AVE #105	POMPANO BCH, Florida 33064	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]* COFFEY, J.L.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-97

Devline Phone # 0023114

CR2E037 (9/96)