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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48072

1. Corporation Name

THE INDEPENDENT ORTHODOX CATHOLIC CHURCH INC.

463948 - 90012 - 11

Principal Place of Business

4251 NW 9TH AVE
105
POMPANO BEACH FL 33064
US

Mailing Address

4251 NW 9TH AVE
105
POMPANO BEACH FL 33064
US

2. Principal Place of Business

21 330 SW 27 ST
Suite, Apt. #, etc.

2a. Mailing Address

26 330 SW 27 ST
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

03/24/1992

4. FEI Number

65-0401658

Applied For

Not Applicable

City & State

23 FT. LAUDERDALE, FL
Zip Country

City & State

28 FT. LAUDERDALE, FL
Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 33315

25 BROWARD

29 33315

30 BROWARD

9. Name and Address of Current Registered Agent

COFFEY, JANICE LEAH
4251 NW 9TH AVE
105
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name

JANICE

82 Street Address (P.O. Box Number is Not Acceptable)

449 SW 27 ST FT. LAUDERDALE

83

330 SW 27 ST

84 City

FT. LAUDERDALE

FL

85 Zip Code

33315

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

T. COFFEY

COFFEY, JANICE LEAH

3-3-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME COFFEY, JANICE LEAH

STREET ADDRESS 330 SE 27TH ST

CITY-ST-ZIP FT LAUDERDALE FL

TITLE TS ☐ DELETE

NAME KELLY, KAREN

STREET ADDRESS 306 SW 2 CT, STE 1

CITY-ST-ZIP POMPANO BCH FL

TITLE T ☐ DELETE

NAME CHAMPANE, LEE

STREET ADDRESS 306 SW 2 CT, STE 1

CITY-ST-ZIP POMPANO BCH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: T. COFFEY

SIGNATURE REQUIRED

4-25-99 (254) 584-0930

Date

Daytime Phone #

CR2E037 (1/98)