

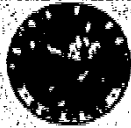
**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
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**95 APR 26 PM 1:20**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # N93000001267 (4)**

1. Corporation Name

**SOCIETY OF SAINT PIUS X, LAKE WORTH, FLORIDA, IN  
C.**

Principal Place of Business

Mailing Address

**4827 COCONUT ROAD SOUTH  
LAKE WORTH FL 33461**

**PULVERMACHER, CARL  
4590 SW 65TH AVENUE  
DAVE FL 33314  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/16/1993**

3a. Date of Last Report

**07/05/1994**

4. FEI Number

**65-0395005**

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**

7. Nonprofit with IRS 601(c)(3)  
Tax Exempt Status

**\$68.75 Supplemental  
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PULVERMACHER, CARL  
4590 SW 65TH AVE.  
DAVE FL 33314**

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 607.0502 and 607.1508, 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 607.0505, 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 **D**  
NAME **SCHMIDBERGER, FRANZ**  
STREET ADDRESS **PRIEURE ST NICHOLAS DE FLUE, 4613 RICKENBA**  
CITY-ST-ZIP **SWITZERLAND**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **DT**  
NAME **FELLAY, BERNARD**  
STREET ADDRESS **PRIEURE ST NICHOLAS DE FLUE, 4613 RICKENBA**  
CITY-ST-ZIP **SWITZERLAND**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D**  
NAME **DE MALLERAIS, BERNARD T**  
STREET ADDRESS **PRIEURE ST NICHOLAS DE FLUE, 4613 RICKENBA**  
CITY-ST-ZIP **SWITZERLAND**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D**  
NAME **WILLIAMSON, RICHARD N**  
STREET ADDRESS **RT. 1, BOX 97A-1**  
CITY-ST-ZIP **WINONA MN 55987**

4.1 TITLE **Director and Treasurer**  Change  Addition  
4.2 NAME **Fr. Francois Gaisney**  
4.3 STREET ADDRESS **Prieure St Nicholas De Flue,**  
4.4 CITY-ST-ZIP **4613 Rickenbach, Switzerland**

TITLE **DP**  
NAME **SCOTT, PETER**  
STREET ADDRESS **2918 TRACY AVE.**  
CITY-ST-ZIP **KANSAS CITY MO**

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **DS**  
NAME **WARD, CHARLES J**  
STREET ADDRESS **2918 TRACY AVE.**  
CITY-ST-ZIP **KANSAS CITY MO**

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Fr. Charles J. Ward*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Fr. Charles J. Ward**

**4/17/95**

Date

Daytime Phone #