

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
DAVIE FL 33314
US

3. Date Incorporated or Qualified
03/16/1993

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

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

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

PULVERMACHER, CARL
4590 SW 65TH AVE.
DAVIE 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 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 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 <input type="checkbox"/> DELETE
NAME	SCHMIDBERGER, FRANZ
STREET ADDRESS	PRIEURE ST NICHOLAS DE FLUE, 4613 RICKENBA
CITY - ST - ZIP	SWITZERLAND
TITLE	DT <input type="checkbox"/> DELETE
NAME	FELLAY, BERNARD
STREET ADDRESS	PRIEURE ST NICHOLAS DE FLUE, 4613 RICKENBA
CITY - ST - ZIP	SWITZERLAND
TITLE	D <input type="checkbox"/> DELETE
NAME	DE MALLERAI, BERNARD T
STREET ADDRESS	PRIEURE ST NICHOLAS DE FLUE, 4613 RICKENBA
CITY - ST - ZIP	SWITZERLAND
TITLE	DT <input type="checkbox"/> DELETE
NAME	LAISNEY, FR. F
STREET ADDRESS	PRIEURE ST. NICHOLAS DE FLUE
CITY - ST - ZIP	4613 RI
TITLE	DP <input type="checkbox"/> DELETE
NAME	SCOTT, PETER
STREET ADDRESS	2918 TRACY AVE.
CITY - ST - ZIP	KANSAS CITY MO
TITLE	DS <input type="checkbox"/> DELETE
NAME	WARD, CHARLES J
STREET ADDRESS	2918 TRACY AVE.
CITY - ST - ZIP	KANSAS CITY MO

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	D/V/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-Secretary

2-22-96

(816)783-0073
Daytime Phone #

CFR2E037 (12/95)

**SECRETARY OF STATE - FLORIDA
DIVISION OF CORPORATIONS**

ADDITION TO ANNUAL REPORT 1996

TITLE	Director
NAME	Carl Pulvermacher
STREET ADDRESS	4590 SW 65th Avenue
CITY, STATE, ZIP	Davie, FL 33314-4315