

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90127 043 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N 93000001267 (4)**

1. Corporation Name

**SOCIETY OF SAINT PIUS X, LAKE WORTH, FLORIDA, INC.**

Principal Place of Business

Mailing Address

**4827 Coconut Road South  
 Lake Worth, FL 33461-5405**

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

**03/16/93**

22 City & State

27 City & State

4. FEI Number  
**65-0395005**

Applied For  
 Not Applicable

23 Zip

Country

28 Zip

Country

**West Palm Beach, FL**

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

24

25

29

**33415-542930**

6. Election Campaign Financing  
 Trust Fund Contribution

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Mr. Gerard Schreiber  
 406 North O Street  
 Lake Worth, FL  
 33460**

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	Dir	<input type="checkbox"/> DELETE
NAME	Schmidberger, Franz	
STREET ADDRESS	Schloss Jaidhof, A-3542	
CITY-ST-ZIP	Gfobl, AUSTRIA	
TITLE	Dir	<input type="checkbox"/> DELETE
NAME	Fellay, Bernard	
STREET ADDRESS	CH-6313	
CITY-ST-ZIP	Menzingen, Switzerland	
TITLE	Dir/VP	<input type="checkbox"/> DELETE
NAME	Selegny, Arnaud	
STREET ADDRESS	CH-6313	
CITY-ST-ZIP	Menzingen, Switzerland	
TITLE	Dir/Treas	<input type="checkbox"/> DELETE
NAME	Laisney, Francois	
STREET ADDRESS	CH-6313	
CITY-ST-ZIP	Menzingen, Switzerland	
TITLE	Dir/Pres	<input type="checkbox"/> DELETE
NAME	Scott, Peter R.	
STREET ADDRESS	2918 Tracy Avenue	
CITY-ST-ZIP	Kansas City, MO 64109	
TITLE	Dir/Sec.	<input type="checkbox"/> DELETE
NAME	Beck, Gerard J.	
STREET ADDRESS	2918 Tracy Avenue	
CITY-ST-ZIP	Kansas City, MO 64109	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input 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 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: *Fr. Gerard J. Beck*

**Fr. Gerard J. Beck**

**04-20-99**

**816-753-0073**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

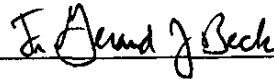
N93000001267  
444730-90127-4<sub>5</sub>

**Society of Saint Pius X, Lake Worth, Florida, Inc.**  
DBA Queen of the Holy Rosary Chapel  
1567 60<sup>th</sup> Trail S.  
West Palm Beach, FL 33415-5429

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Name of 7<sup>th</sup> Director

Pulvermacher, Carl  
4590 SW 65<sup>th</sup> Avenue  
Davie, FL 33314-4315



Fr. Gerard J. Beck, Secretary