

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000003648 (3)

1. Corporation Name

INDEPENDENT CATHOLIC CHURCH OF AMERICA INC.



Principal Place of Business

6100 W ATLANTIC BLVD
STE 6
MARGATE FL 33063
US

Mailing Address

8041 SOUTH GATE BLVD #H-7
NORTH LAUDERDALE FL 33068

3. Date Incorporated or Qualified
08/12/1993

3a. Date of Last Report
06/09/1995

2. Principal Place of Business

2a. Mailing Address

21 5550 N.W. 40 ST

26 90 Rev. John J Spicer

4. FEI Number
65-0458855

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 COCONUT CREEK FL

28 SUNRISE FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 33073

25 U.S.A

29 33313

30 USA

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

— QUINLAN, LAWRENCE P
— 8041 SOUTH GATE BLVD #H-7
— NORTH LAUDERDALE FL 33068 —

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	DP	<input checked="" type="checkbox"/> DELETE
NAME	QUINLAN, LAWRENCE P	
STREET ADDRESS	8041 SOUTH GATE BLVD #H-7	
CITY - ST - ZIP	NORTH LAUDERDALE FL	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	QUINLAN, JACQUELINE	
STREET ADDRESS	8041 SOUTH GATE BLVD #H-7	
CITY - ST - ZIP	NORTH LAUDERDALE FL 33068	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	VERDI, CAROL	
STREET ADDRESS	5286 NW 51 CT	
CITY - ST - ZIP	COCONUT CREEK FL 33073	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VERDI, JOHN	
STREET ADDRESS	5286 NW 51 CT	
CITY - ST - ZIP	COCONUT CREEK FL 33073	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRENCH, JACQUELINE	
STREET ADDRESS	1160 SW 1ST AVE, B203	
CITY - ST - ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 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:

John Verdi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/96

Date

945-426-4589

Daytime Phone #

0006351

CR2E037 (3/96)