FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N93000003648 (3)

12/2/21

INDEPENDENT CATHOLIC CHURCH OF AMERICA INC. O'S OUR LADY OF MT. CARMEL FREE CATHOLIC CHURCH INC

FILED Feb 25 1997 8:00am Secretary of State



rnncipai riaci	e or prosiness	Mailing Address									
5550 N.W. 40TH	H ST ree t	C/O REV. JOHN J. SP	ICER								
COCONHIT ARE	EK EF 33079	6280 NW 26TH STREE									
US 6281	26 ST	SUNRISE FL 33313-220	X3			2. Data Ingernated or	Ouglified	20 Dat	o of Loo	Panart	
5441	NW 26 ST PISE FL - 23313-2203	US				08/12/1993				of Last Report /12/1996	
-10		The Marker of Automotive						<u>`</u>	 		
	lace of Business	28. Mailing Address				4. FEI Number 65-0458855			_ 	Applied F	-
	NW 26 ST	26 SAME				00 0100000				Not Applic	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status I	Desired			5 Addition		
22		27							Fee	Required	
City & State		City & State			6. Election Campaign F	nancing		\$ 5.0	10 May Be	e	
23 SUNRI	SE, FLORIDA Country	28			Trust Fund Contributi	on		Adde	d to Fees		
Ζιρ	Country	Zip Country				8. This corporation has	liability for in	ntangible t	ax unde	rs. 199.03	32,
24 333/3	- 2203 25 BROWARD	29	30			Florida Statutes		Yes 🗔			
,	9. Name and Address of Current	Registered Agent				10. Name and Address	of New Reg	platered A	gent		
				81	Name n	EV. JOHN J. S	Carres				
OHINI A	N LAWRENCE P					EV. CONN J.	PICER				
QUINLAN, LAWRENCE P 8041 SOUTHGATE BLVD #H-7				82	Street Add	dress (P.O. Box Number is Not Acceptable)					
				83	921	60 1000 KF 01					
NUKIH	LAUDERDALE FL 33068			~							
				84	City ,				85 Z	ip Code	
					City Sun	1R15E		FL	3.	<u> </u>	1203
11. Pursuant	to the provisions of Sections 617,0502	and 617.1508, Florida St	atutes, the al				nt for the p	urpose of	changin	g its regist	reced
office or r	registered agent, or both, in the State of the familiar with, and accept the obligation	it Florida. Such change w ions of Section 617 0503	/as authorized	d by lutes	the corpora	ation's board of directors. The	reby accep	t the appo	intment	as registe	rea
agent. ra	Fo Tour T Co.o.	nons on, obelion on nood		12	Alox	/ *		2/111	104		
SIGNATURE	FR JOHN J. SPICE Signature: typed or printed harne of registered agent	ano tale il epplicable	NOTE Beginner	d Agen	Brown te feat	uired when reinstating)		2/14/	7.1	*******	
12.	OFFICERS AND		1/3.	(7 	ADDITIONS/CHANGE	S TO OFFIC	ERS AND	DIRECT	ORS IN 12	2
TITLE	DV	DELETE	1.1 Tr	TI F					Charve		ddition
	VERDI, CAROL										
NAME	•		1.2 N/								
STREET ADDRESS	5286 NW 51 CT		1.3 \$1	TREET A	ADDRES\$						
CITY-ST-ZIP	COCONUT CREEK FL 33073			TY-ST	- ZIP		 				
TITLE	D	☐ DELETE	2.1 TI	TLE				i	☐ Chang	ge 📙 Ac	ddition
NAME	verdi, john		2.2 N/	AME							
STREET ADDRESS	5286 NW 51 CT		2.3 \$1	TREET	ADDRESS						
CiTY-ST-ZIP	COCONUT CREEK FL 33073			ITY-S							
TITLE	n	DELETE			1-211				Chang	ne Ar	ddition
	FRENCH, JACQUELINE	- DELETE						'		,- <u> </u>	
NAME			3.2 N/								
STREET ADDRESS	1160 SW 1ST AVE, B203		3.3 S1	TREET	address						
CITY-ST-ZIP	BOCA RATON FL 33432			ITY-S	T-ZIP		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
TITLE	Po	DELETE	4.1 TI	TLE					Chang	ge ∐LA≀	ddition
NAME	THOM AS P SPICER		4. 2 N	AME	ļ						
STREET ADORESS	6280 NW 26 ST		4.3 ST	TREET	ADDRESS						
CITY-ST-ZIP	•	313 - 2203		ITY-ST	i						
	DUNANCE FERRING 35	DELETE			£17				Chang	ne la	ddition
TITLE		F" PELLE						1		. Ц~	-210,011
NAME			5.2 N								
STREET ADDRESS			5.3 Sì	TREET	ADDRESS						
CITY-ST-ZIP				ITY-ST	r-ZIP						
TITLE		DELETE	6.1 TI	ITLE		10000			Chan	ge 🛄 A	ddition
NAME			62 N	AME .		10000; -02/27/97		구절됐	Ţ		
					ADDRESS	######################################	0102	4UZ	_		المستردي
STREET ADDRESS					1	***61.25			1/4	320	<i>1</i> 5
CITY-ST-7IP	i		■ 6.4 C	ITY - S1	1-ZIP				V 1.		

14. I do 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 bustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/94 NONE Daytime Phone 0035017