

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 23 1998 8:00am
Secretary of State

DOCUMENT # N93000003648 (3)

1. Corporation Name

OUR LADY OF MOUNT CARMEL FREE CATHOLIC CHURCH, I
NC.

Principal Place of Business

Mailing Address

6280 N.W. 26TH ST.
SUNRISE FL 33313
US

6280 N.W. 26TH ST.
SUNRISE FL 33313
US

3. Date Incorporated or Qualified

08/12/1993

4. FEI Number

65-0458855

Applied For

Not Applicable

2. Principal Place of Business

21 6012 N.W. 9TH COURT

Suite, Apt. #, etc.

22 City & State

23 MARGATE, FL

24 Zip 33063

Country

25 BROWARD

2a. Mailing Address

26 565 N.W. 87TH WAY

Suite, Apt. #, etc.

27 City & State

28 CORAL SPRINGS, FL

29 Zip 33071

Country

30 BROWARD

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SPICER, JOHN J REV
6280 N.W. 26TH ST.
SUNRISE FL 33313

10. Name and Address of New Registered Agent

81 Name

REV. PAUL K. VELIYATHIL

82 Street Address (P.O. Box Number is Not Acceptable)

83 565 NW 87 WAY

84 City

CORAL SPRINGS

FL

85 Zip Code
33071

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

Paul K. Veliyathil
Signature, typed or printed name of registered agent and title if applicable

Rev. PAUL K. VELIYATHIL, Pastor

7/19/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME SPICER, THOMAS P.
STREET ADDRESS 6280 N.W. 26TH ST.
CITY-ST-ZIP SUNRISE FL 33313

TITLE D ☒ DELETE
NAME VERDI, JOHN
STREET ADDRESS 5288 NW 51 CT
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE D ☒ DELETE
NAME FRENCH, JACQUELINE
STREET ADDRESS 1100 SW 1ST AVE, B203
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME GLENN SHEFFIELD
1.3 STREET ADDRESS 3320 BANKS RD, #202
1.4 CITY-ST-ZIP MARGATE, FL 33063

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME KARL WERRELEIN
2.3 STREET ADDRESS 8742 NW 50 DRIVE
2.4 CITY-ST-ZIP CORAL SPRINGS, FL 33067

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME ROSE BERGSTROM
3.3 STREET ADDRESS 609 NW 65 AVENUE
3.4 CITY-ST-ZIP MARGATE, FL 33063

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE: *Glenn D. Sheffield*

GLENN D. SHEFFIELD 7/19/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)