SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/5/95: $154 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED
95 JUL 14 AM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001170 (9)

1. Corporation Name

THE SOCIETY OF ~~ANGLO-CATHOLIC MISSIONERS OF NORT~~ CATHOLIC CHARASMATIC MISSIONERS, INC
~~H AMERICA, INC.~~

Principal Place of Business	Mailing Address
540 5th Ave No ~~510 4TH AVE S~~ ST PETERSBURG FL 33701	540 5th Ave No. ~~510 4TH AVE S~~ ST PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1994
3a. Date of Last Report:
4. FEI Number: 75-1776641 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **FILING FEE IS $61.25**
8. *This corporation has liability for intangible tax under s. 199.032,* Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

LEMIEUX, ARMAND J
~~510 4TH AVE S~~ 540 5th Ave No.
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PRESIDENT D ☑ Change ☐ Addition
NAME	LEMIEUX, ARMAND J	1.2 NAME	LEMIEUX, ARMAND J.
STREET ADDRESS	3 RHODA CT S	1.3 STREET ADDRESS	540 5th Ave No
CITY-ST-ZIP	ST PETERSBURG FL 33701	1.4 CITY-ST-ZIP	ST. PETERSBURG FL 33701
TITLE	D	2.1 TITLE	SECRETARY D ☑ Change ☐ Addition
NAME	LEMIEUX, AUDREY L	2.2 NAME	LEMIEUX, AUDREY L.
STREET ADDRESS	72 WORCESTER CT	2.3 STREET ADDRESS	540 5th Ave No.
CITY-ST-ZIP	FALMOUTH MA 02540	2.4 CITY-ST-ZIP	ST PETERSBURG FL 33701
TITLE	D	3.1 TITLE	VICE PRESIDENT D ☑ Change ☐ Addition
NAME	HERBERT, DONALD J	3.2 NAME	MEADOWS, ROBERT G. III
STREET ADDRESS	159 18TH AVE S	3.3 STREET ADDRESS	540 5th Ave No
CITY-ST-ZIP	ST PETERSBURG FL 33705	3.4 CITY-ST-ZIP	ST PETERSBURG FL 33701
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	400001540884
STREET ADDRESS		4.3 STREET ADDRESS	-07/19/95--01015--002
CITY-ST-ZIP		4.4 CITY-ST-ZIP	*****66.25 ☐ Change ☐ Addition
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	CH
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (3/95)

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)(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: _____ ARMAND L. LEMIEUX 6-21-95 (813) 327-1070
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0013418