

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000001487 (6)

1. Corporation Name
FCAN, INC.



Principal Place of Business
C/O JOSEPH FINNEGAN
5619 NEW YORK AVE
SARASOTA FL 34231-8420

Mailing Address
C/O JOSEPH FINNEGAN
5619 NEW YORK AVE
SARASOTA FL 34231-8420

3. Date Incorporated or Qualified
03/27/1995

3a. Date of Last Report

4. FEI Number ☒ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Catholic Community Serv
Suite, Apt. #, etc.
22 1505 NE 26th St.
City & State
23 Wilton Manors
Zip
24 33305

2a. Mailing Address
26 Cath. Com. Services
Suite, Apt. #, etc.
27 1505 NE 26th St.
City & State
28 Wilton Manors
Zip
29 33305

30 Broward

9. Name and Address of Current Registered Agent

FINNEGAN, JOSEPH D
5619 NEW YORK AVE
SARASOTA FL 34231-8420

10. Name and Address of New Registered Agent

81 Name
Rev. Dennis Rausch
82 Street Address (P.O. Box Number is Not Acceptable)
Catholic Community Services
83 1505 NE 26th St.
84 City
Wilton Manors
85 Zip Code
FL 33305

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 Rev. Dennis Rausch, Vice President Feb. 10, 1996
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
DP	FINNEGAN, JOSEPH D	5619 NEW YORK AVE	SARASOTA FL 34231-8420	<input checked="" type="checkbox"/>
DV	RAUSCH, DENNIS	1300 S ANDREWS AVE	FT LAUDERDALE FL 33316	<input type="checkbox"/>
DT	PAYETTE, MARLENE	134 E CHURCH ST SUITE 2	JACKSONVILLE FL 32202-3130	<input type="checkbox"/>
DS	SIMON, THERESA	5619 NEW YORK AVE	SARASOTA FL 34231-8420	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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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: Rev. Dennis Rausch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rev. Dennis Rausch Feb. 10, 1996
Date Daytime Phone #
954-630-9404

CR2E037 (12/95)