

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90010 040 ****61.25

0008897

DOCUMENT # N95000001487

1. Entity Name

FCAN, INC.

LA

Principal Place of Business

**CC ARCHDROCESAN HIV AIDS MINISTRY
 1808 NE 26TH STREET 238
 WILTON MANORS FL 33305**

Mailing Address

**CC ARCHDROCESAN HIV AIDS MINISTRY
 1808 NE 26TH ST 238
 WILTON MANORS FL 33305**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0664684**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**RAUSCH, DENNIS REV.
 CATHOLIC COMMUNITY SERVICES
 1505 NE 26TH ST.
 WILTON MANORS FL 33305**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
 After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
 NAME **RAUSCH, DENNIS**
 STREET ADDRESS **1808 NE 26TH ST 238**
 CITY-ST-ZIP **WILTON MANORS FL 33305**

TITLE **DT** ☐ Delete
 NAME **PAYETTE, MARLENE**
 STREET ADDRESS **134 E CHURCH ST SUITE 2**
 CITY-ST-ZIP **JACKSONVILLE FL 32202-3130**

TITLE **DV** ☐ Delete
 NAME **NEVLO, FRANCES**
 STREET ADDRESS **1670 4TH ST**
 CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dennis Rausch
Dennis Rausch

7/13/01 954-565-7595

CR2E037 (5/01)