FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME

STREET ADDRESS



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600000243 (3)								
THE AMERICAN CATHOLIC CHURCH, INC.								
Principal Place of Business Mailing Address								1 830 1811 1 83 1
4815 E. BUSCI SUITE 204	1 BLVD.	500 W. PARIS ST. TAMPA FL 33604		3.	Date Incorporated or Qual	ified	 _	
TAMPA FL 336	47	TAM H IE 55007		<u> </u>	01/16/1996 FEI Number		- 	
				4.	65-0635151		 	phied For at Applicable
2 Principal P	lace of Business N. Nebraska Av	2a. Mailing Address 26 78/3 /V, /	Nebraska A	∮ _U 5.	Certificate of Status Desire	a 🗆	\$8.75 / Fee Re	Additional
Suite, Apt.		Suite, Apt. #, etc.			Election Campaign Finance	ing	\$5.00	
27 27					Trust Fund Contribution Added to Fees			
City & Stat	nga, FL	City & State	FL	7.	ls this nonprofit corporation		rs association	1?
Zip	Country	Zip	Country	8.	This corporation owes or h			angible
24 336	<u> </u>	Zip 33604	30 USA		Personal Property Tax due	June 30.	Yes 🗓	No
	9. Name and Address of Current	Registered Agent		10.	Name and Address of Ne	w Registered	Agent	
LEIGH, CHARLES M 500 W. PARIS STREET TAMPA FL 33604 81 Name 82 Street.				Address (P.	ddress (P.O. Box Number is Not Acceptable)			
			84 City			FL	85 Zip (Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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								
L	Signature, typed or printed name of registered agent		E: Registered Agent signature			DATE		
12.	OFFICERS AND	DELETE	13.	A 	DDITIONS/CHANGES TO	JFFICERS AN	DIRECTOR LU Change	S IN 12
TITLE	PDT LEIGH. CHARLES M	T" DEFEIG	1.1 TITLE	1 5/ 5/ 1	Chaples N	1	⊥ v change	
NAME STREET ADDRESS	500 W. PARIS STREET		1.2 NAME 1.3 STREET ADDRESS	500	w Paris 84	•		
CITY-ST-ZIP	TAMPA FL 33604		1.4 CITY-ST-ZIP	Tamp	1 (050 4)	/		ļ!
TITLE	DVP	DELETE	2,1 TITLE				Ly Change	Addition
NAME	BRATTON, TRICIA		2.2 NAME	Brati	ton , Triciad	40	_ •	_
STREET ADDRESS	500 W. PARIS STREET		2.3 STREET ADDRESS	500	W/ Paris	51.		ſ
GITY-ST-ZIP	TAMPA FL 33604	_	2. 4 CITY-ST-ZIP		nna, FL 3	3604		
TITLE	DS	☑ DELETE	3.1 TITLE		7		Change	Addition
NAME	LITMAN, YAAKOV		3.2 NAME					ſ
STREET ADDRESS	2810 SOUTH FOSTER AVENUE		3.3 STREET ADDRESS					ŀ
CITY - ST - ZIP	TAMPA FL 33611		3.4. CITY-ST-ZIP					
TITLE	D	DELETE	4.1 TITLE				Change	Addition
NAME	ANTLE, DANIEL		4. 2 NAME					
STREET ADDRESS	1100 PONDELLA RD.		4.3 STREET ADDRESS					
CITY-ST-ZIP	NORTH FT. MYERS FL 33903	(Tablet	4.4 CITY - ST - ZIP				1 0	1714289
TITLE		☐ DELETE	\$.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					

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.

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

FILED

Feb 03 1998 8:00am

Secretary of State