

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90162 048 ****61.25

DOCUMENT # N96000000243

1. Corporation Name

THE AMERICAN CATHOLIC CHURCH, INC.

Principal Place of Business

7813 N NEBRASKA AVE
TAMPA FL 33604
US

Mailing Address

7813 N NEBRASKA AVE
TAMPA FL 33604
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

01/16/1996

4. FEI Number

65-0635151

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

9. Name and Address of Current Registered Agent

LEIGH, CHARLES M
500 W. PARIS STREET
TAMPA FL 33604

10. Name and Address of New Registered Agent

81 Name **Leigh, Charles M.**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **318 W Hanna Ave**
84 City **Tampa** 85 Zip Code **FL 33604**

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 **Charles M Leigh** **Charles M. Leigh** **3/30/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE
NAME LEIGH, CHARLES M
STREET ADDRESS 500 W. PARIS STREET
CITY-ST-ZIP TAMPA FL 33604

TITLE D ☒ DELETE
NAME BRATTON, TRICIA
STREET ADDRESS 500 W. PARIS STREET
CITY-ST-ZIP TAMPA FL 33604

TITLE D ☐ DELETE
NAME ANTLE, DANIEL
STREET ADDRESS 1100 PONDELLA RD.
CITY-ST-ZIP NORTH FT. MYERS FL 33903

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 **D/P/V/T/S** ☒ Change ☐ Addition
1.2 NAME **Leigh, Charles**
1.3 STREET ADDRESS **7813 N. Nebraska Ave**
1.4 CITY-ST-ZIP **Tampa, FL 33604**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Funk, Art**
2.3 STREET ADDRESS **7813 N. Nebraska Ave**
2.4 CITY-ST-ZIP **Tampa, FL 33604**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **Antle, Daniel**
3.3 STREET ADDRESS **1936 Beach Parkway**
3.4 CITY-ST-ZIP **Cape Coral, FL 33904**

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, with all other like empowered.

SIGNATURE: **Charles M Leigh** **Charles Leigh** **3/30/99** **(813) 238-6060**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)