FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996 DOCUMENT # N 96 8 00000 376

The	Catholic	Prayer	Breakfast,	Inc.
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Principal Place of Business 11240 SW 112 Terrace Mailing Address

	Miami, FL 3	3176									
								3. Date Incorporated or Qualified	3a. D	ate of Last	Report
								December 11, 1995	N	/A	
2.	Principal Place of Busin	ness	28	. Mailing Address			·	4. FEI Number		X	Applied For
21			26								Not Applicable
	Suite Apt. #, etc		27	Suite, Apt. #, etc.				5. Certificate of Status Desired	K		Additional Required
City & State		28	City & State			6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fees					
23 24	Zip	Country 25	29	Zip	30 Cor	untry		8. This corporation has liability for i	ntangible Yes		rs. 199.032,
	Q Name	and Address of Currer		stered Agent	1	T		10. Name and Address of New Re	gistered	Agent	
	William P. V 11240 SW 112 Miami, FL	VanderWyden 2 Terrace				61 62 83	Name Street Addr	ess (P.O. Box Number is Not Acceptab	ele)	85 Z	p Code
L.			20	042 4500 Florido Cto	Lulas tha s		named core	royation submits this statement for the D	uroose c	of changing	its registere

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.

12.	SIGNATURE .	Signature, typed or printed name of registered agent and title if applicable (NOTE	Registered Agent signature r	required when reinstating) DATE
Director	12.		13.	
18749 South Dixie Highway 135TRETI ADDRESS 18749 South Dixie Highway 14CITY-ST-2P Miami, FL 33157 Mile Director DELETE 21THE Martin Thiry 22 NAME Martin Thiry 7520 SW 53 Place 23 STREET ADDRESS Miami, FL 33143 Mile Director DELETE 31THE Director Mile Mil		Director DELETE	1.1 TIBLE	Change L Addition
Mimi	NAME	Gerry Pecknold	1.2 NAME	
Missing Miss	STREET ADDRESS	18749 South Dixie Highway	1.3 STREET ADDRESS	
Martin Thiry	CITY ST-ZIP	Miami, FL 33157	1.4 CITY-ST-ZIP	T Ot [] Addition
The color	TILE	Director	2 1 TITLE	☐ Change ☐ Addition
STREET ADDRESS 7520 SW 53 Place 23STREET ADDRESS 24 CITY-ST-ZIP	NAME	Martin Thiry	22 NAME	
Director	STREET ADDRESS		2 3 STREET ADDRESS	
Director	CITY-SI-ZIP	Miami, FL 33143	2 4 CITY-ST-ZIP	700001746242
NAME	TillE		3 1 TITLE	-03/18/9601023027 Addition
Miami, FL 33176	NAMÉ	William P. VanderWyden	3.2 NAME	***70.00
DELETE	STREET ADDRESS	11240 SW 112 Terrace	3 3 STREET ADDRESS	
NAME Pedro Toro STREET ADDRESS CITY-ST-ZIP Miami, FL 33143 DELETE ACTIV-ST-ZIP DELETE DELETE ACTIV-ST-ZIP DELETE ACTIV-ST-ZIP DELETE ACTIV-ST-ZIP DELETE Addition Change Addition	CITY-SI-ZIP	Miami, FL 33176	3 4 CITY-ST-ZIP	Channe I Addition
STREET ADDRESS 5971 SW 87 Street 43 STREET ADDRESS 44 CITY-ST-ZIP Miami, FL 33143 44 CITY-ST-ZIP	TOTLE	Director	41 TITLE	Cusude Change
Addition	NAME	Pedro Toro	4. 2 NAME	
DELETE	STREET ADDRESS	5971 SW 87 Street	4 3 STREET ADDRESS	
NAME	CITY - ST - ZIP			I Charge I Addition
STREET ADDRESS	TITLE	DELETE	5 1 TITLE	L' Cusude L' voquitou
	NAME		5.2 NAME	
THE DELETE 61 TITLE Change Addition NAME STREET ADDRESS CITY-STI-ZIP 64 CITY-STI-ZIP	STREET ADDRESS		5 3 STREET ADDRESS	
PILE NAME 62 NAME STREET ADDRESS CTY-ST-ZIP 64 CTY-ST-ZIP	CITY-ST-ZIP		5 4 CITY - ST - ZIP	I Addition
STREET ADDRESS 63 STREET ADDRESS 64 CITY - ST - ZIP 64 CITY - ST - ZIP	THILE	DELETE	61 TITLE	Custinge (T) Knowtost
CITY ST 7IP	NAME		62 NAME	· ·
	STREET ADDRESS		6 3 STREET ADDRESS	
	C-TY - ST - ZIP			O Was also OZIOVIA Florido Cigindos I

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 of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in plock 13 i changed, or on a latachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William P. VanderWyden

15 February 1996 50-3-15-96 (305) 233-45 Cop

CHZEU3/ (12/95)