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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000002722 (4)

1. Corporation Name
OUR LADY OF WISDOM FREE CATHOLIC CHURCH, INC.



Principal Place of Business: 6503 1/2 S DIXIE HIGHWAY WEST PALM BEACH FL 33404
Mailing Address: 6503 1/2 S DIXIE HIGHWAY WEST PALM BEACH FL 33405-4424

3. Date Incorporated or Qualified: 05/15/1996
3a. Date of Last Report: N/A

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0715698		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
22		27		<input type="checkbox"/>		5.00 May Be Added to Fees	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THOMAS, WALTER 2946 GENOA PLACE WEST PALM BEACH FL 33406				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	THOMAS, WALTER			1.2 NAME	ROBIDA, ROBERT B. (REV)		
STREET ADDRESS	2946 GENOA PLACE			1.3 STREET ADDRESS	3373 HYPOLUXO RD.		
CITY - ST - ZIP	WEST PALM BEACH FL 33406			1.4 CITY - ST - ZIP	LANTANA, FL 33462		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GIVEN, JAMES			2.2 NAME	DEBRISAY, KASEY		
STREET ADDRESS	9801 MAJESTIC WAY			2.3 STREET ADDRESS	827 NORTH J ST.		
CITY - ST - ZIP	BOYNTON BEACH FL 33437			2.4 CITY - ST - ZIP	LAKE WORTH, FL 33461		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LESKO, EDWARD A			3.2 NAME			
STREET ADDRESS	5065 MINTO RD			3.3 STREET ADDRESS			
CITY - ST - ZIP	BOYNTON BEACH FL 33437			3.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WYCKOFF, JACK G			4.2 NAME			
STREET ADDRESS	520 33RD ST			4.3 STREET ADDRESS			
CITY - ST - ZIP	WEST PALM BEACH FL 33407			4.4 CITY - ST - ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANISCO, MICHAEL J			5.2 NAME			
STREET ADDRESS	21 CIRCLE DR			5.3 STREET ADDRESS			
CITY - ST - ZIP	LAKE WORTH FL 33461			5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I do 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.

SIGNATURE: *Robert B. Robida* 1/7/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)