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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"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	FL 85 Zip Code

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 A. Robida 1/7/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)