

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 33404 |
|---|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 05/15/1996 | |
| 4. FEI Number 65-0715698 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Country |
| 24 | 25 |
| 29 | 30 |

9. Name and Address of Current Registered Agent
**THOMAS, WALTER
2946 GENOA PLACE
WEST PALM BEACH FL 33406**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THOMAS, WALTER | 1.2 NAME | |
| STREET ADDRESS | 2946 GENOA PLACE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33406 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBIDA, ROBERT R (REV) | 2.2 NAME | |
| STREET ADDRESS | 3373 HYPOLUXO RD | 2.3 STREET ADDRESS | 126 SE 26TH AVE |
| CITY-ST-ZIP | LANTANA FL | 2.4 CITY-ST-ZIP | BOYNTON BEACH, FL 33435 |
| 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 | 5085 MINTO RD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33437 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WYCKOFF, JACK G | 4.2 NAME | JIM BROWN |
| STREET ADDRESS | 420 83RD ST | 4.3 STREET ADDRESS | 1722 LAKE OSBORNE DR. |
| CITY-ST-ZIP | WEST PALM BEACH FL 33407 | 4.4 CITY-ST-ZIP | LAKE WORTH, FL 33461 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DESBRISSAY, KASEY | 5.2 NAME | JOANNE FIORE |
| STREET ADDRESS | 827 NORTH J ST | 5.3 STREET ADDRESS | 212 RUTLAND BLVD. |
| CITY-ST-ZIP | LAKE WORTH FL | 5.4 CITY-ST-ZIP | WEST PALM BEACH, FL 33405 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 6.2 NAME | MARY COLLIUET |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 701 SW LAKE CT. |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | BOYNTON BEACH, FL 33426 |

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.

SIGNATURE: _____ 1-11-98 641 958-8225

CFR2037 (10/97)