

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # N96000002722

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

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90137 022 \*\*\*\*61.25

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/15/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0715698</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent				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.	
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 85 Zip Code	
SIGNATURE				DATE	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
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 checked="" type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROBIDA, ROBERT R (REV)			2.2 NAME	
STREET ADDRESS	126 SE 26TH AVE			2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33435			2.4 CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input checked="" 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	BROWN, JIM			4.2 NAME	
STREET ADDRESS	1722 LAKE OSBORNE DR			4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33461			4.4 CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FIGORE, JOANNE			5.2 NAME	
STREET ADDRESS	212 ROTLAND BLVD			5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33405			5.4 CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COLLIVET, MARY			6.2 NAME	
STREET ADDRESS	901 SW LAKE CT			6.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33426			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: Walter Thomas WALTER THOMAS 1109965-0911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)