

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90051 002 ****61.25

DOCUMENT # N96000002722

1. Entity Name

OUR LADY OF WISDOM FREE CATHOLIC CHURCH, INC.

Principal Place of Business

Mailing Address

6503 1/2 S DIXIE HIGHWAY
 WEST PALM BEACH FL 33404

~~6503 1/2 S DIXIE HIGHWAY
 WEST PALM BEACH FL 33405-4424~~

00010479



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 7624

City & State

City & State

WEST PALM BEACH, FL

4. FEI Number

65-0715698

Applied For
 Not Applied

Zip

Country

Zip

Country

33405

USA

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, WALTER
2946 GENOA PLACE
WEST PALM BEACH FL 33406

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL | Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D THOMAS, WALTER**
 STREET ADDRESS **2946 GENOA PLACE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

Change Add
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D CIAMBRONE, THOMAS J**
 STREET ADDRESS **1325 NM ST**
 CITY-ST-ZIP **LAKE WORTH FL 33460**

Change Add
 TITLE **D**
 NAME **FRANCES BEHLMAN**
 STREET ADDRESS **7465 ROCKRIDGE CIRCLE**
 CITY-ST-ZIP **LAKE WORTH, FLA. 33467**

TITLE Delete
 NAME **D HESSION, SUSAN L**
 STREET ADDRESS **412 RIVERSIDE DR**
 CITY-ST-ZIP **P B GARDENS FL 33410**

Change Add
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D BROWN, JIM**
 STREET ADDRESS **1722 LAKE OSBORNE DR**
 CITY-ST-ZIP **LAKE WORTH FL 33461**

Change Add
 TITLE **D**
 NAME **GERGIO PAIACIO**
 STREET ADDRESS **7632 Palm Rd**
 CITY-ST-ZIP **lake Clarke Shores 33406**

TITLE Delete
 NAME **D FREEMAN, WAYNE**
 STREET ADDRESS **6507 1/2 S DIXIE HWY**
 CITY-ST-ZIP **WEST PALM BEACH FL 33405**

Change Add
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D RICCARDI, RICK REV**
 STREET ADDRESS **1224 13TH AVE N**
 CITY-ST-ZIP **LAKE WORTH FL 33460-1702**

Change Add
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Walter Thomas*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/2000 561-965-0911
 Date Daytime Phone #