

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002722

1. Entity 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

P.O. BOX 7624
WEST PALM BEACH FL 33405
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 19 09:45:38



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0715698

Applied For

Not Applicable

6. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

THOMAS, WALTER
2946 GENOA PLACE
WEST PALM BEACH FL 33408

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
After September 12, 2001, min. will be \$236.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME THOMAS, WALTER
STREET ADDRESS 2946 GENOA PLACE
CITY-ST-ZIP WEST PALM BEACH FL 33408 ☐ DeleteTITLE D
NAME GAMBONE, THOMAS J
STREET ADDRESS 4825 NW 1ST
CITY-ST-ZIP LAKE WORTH FL 33460 ☐ DeleteTITLE D
NAME HESSION, SUSAN L
STREET ADDRESS 412 RIVERSIDE DR
CITY-ST-ZIP P B GARDENS FL 33410 ☐ DeleteTITLE D
NAME BROWN, JIM
STREET ADDRESS 1722 LAKE OSBORNE DR
CITY-ST-ZIP LAKE WORTH FL 33460 ☐ DeleteTITLE D
NAME FREEMAN, WAYNE
STREET ADDRESS 6503 1/2 S DIXIE HWY
CITY-ST-ZIP WEST PALM BEACH FL 33405 ☐ DeleteTITLE D
NAME RICCARDI, RICK REV
STREET ADDRESS 1224 13TH AVE N
CITY-ST-ZIP LAKE WORTH FL 33460-1702 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT
NAME WALTER THOMAS
STREET ADDRESS 2946 GENOA PL.
CITY-ST-ZIP WPB 33406 ☐ Change ☐ AdditionTITLE DIRECTOR
NAME DONALD MADORE
STREET ADDRESS 2666 PARK AVE
CITY-ST-ZIP SINGER ISLAND 33404 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE DIRECTOR
NAME RONALD JOHNSON
STREET ADDRESS 203 CROTON AVE
CITY-ST-ZIP LANTANA 33462 ☒ Change ☐ AdditionTITLE DIRECTOR
NAME FRANCES BEHLMAN
STREET ADDRESS 7465 ROCKBRIDGE CT.
CITY-ST-ZIP LAKE WORTH 33467 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561) 965-0911

CR2E037 (5/01)

10/14/2001

Please see enclosed letter dated Sept. 14, 2001
for change in name.