

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90117 021 \*\*\*\*61.25

DOCUMENT # **N96000002722**

1. Entity Name  
**OUR LADY OF WISDOM 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**

**20604530**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0715698**

Applied For  
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**20071530**

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  
**SERGIO PALACIO**  
Street Address (P.O. Box Number is Not Acceptable)  
**7632 PALM ROAD**  
City  
**LAKE CLARK SHORES FL** Zip Code  
**33406**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/8/03**  
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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>THOMAS, WALTER</b> <b>2946 GENOA PLACE</b> <b>WEST PALM BEACH FL 33406</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MADORE, DONALD</b> <b>2666 PARK AVE</b> <b>SINGERS ISLAND FL 33404</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HESSION, SUSAN L</b> <b>412 RIVERSIDE DR</b> <b>P B GARDENS FL 33410</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHNSON, RONALD</b> <b>203 CROTON AVE</b> <b>LANTANA FL 33462</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BEHLMAN, FRANCES</b> <b>7465 ROCKBRIDGE CR</b> <b>LAKE WORTH FL 33467</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RICCARDI, RICK REV</b> <b>1224 13TH AVE N</b> <b>LAKE WORTH FL 33460-1702</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PALACIO, SERGIO</b> <b>7632 PALM ROAD</b> <b>LAKE CLARK SHORES, FL 33406</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D MADORE, DONALD</del> <b>WAHLBERG, KENNETH</b> <b>1221 ALPHA, STREET</b> <b>WEST PALM BEACH, FL 33401</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOLLINGER, SUSAN LAFEAR</b> <b>8028 VIA HACIENDA</b> <b>PALM BEACH GARDENS, FL 33418</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LUCE, DEAN</b> <b>2946 GENOA PLACE</b> <b>WEST PALM BEACH, FL 33406</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *FRANCES BEHLMAN* SIGNATURE REQUIRED *FRANCES BEHLMAN* 1/7/03 526164-1924

CR2E037 (10/02)