

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002831

FILED
Jan 06, 2009
Secretary of State

Entity Name: THE OLD CATHOLIC CHURCH OF NORTH AMERICA, INC.

Current Principal Place of Business:

10932 BRIGHTSIDE DR
TAMPA, FL 33624

New Principal Place of Business:

9236 ESTATE COVE CIRCLE
RIVERVIEW, FL 33578

Current Mailing Address:

PO BOX 260473
TAMPA, FL 33685

New Mailing Address:

PO BOX 89443
TAMPA, FL 33689

FEI Number: 59-3384022

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COMBS, PAUL
10932 BRIGHTSIDE DR
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

LECLERC, PAMELA A M. REV.
9236 ESTATE COVE CIRCLE
RIVERVIEW, FL 33578 US

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: PAMELA A. LECLERC

01/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: COMBS, PAUL H M. REV
Address: 10932 BRIGHTSIDE DR
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: SAINT, PATRICK O V REV
Address: 1115 FLAGBRANCH RD
City-St-Zip: GREENEVILLE, TN 37743

Title: DVP () Delete
Name: SMITH, TED W RT. REV
Address: 222 MILO ST
City-St-Zip: DAYTON, TX 77535

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SMITH, TED W M. REV.
Address: 222 MILO ST.
City-St-Zip: DAYTON, TX 77535

Title: D (X) Change () Addition
Name: SAINT, PATRICK O V. REV.
Address: 1115 FLAGBRANCH RD
City-St-Zip: GREENEVILLE, TN 37743

Title: DVP (X) Change () Addition
Name: FISHER, ROUVILLE M M. REV.
Address: 10 WELLSIDE LANE
City-St-Zip: PALM COAST, FL 32164

Title: DT () Change (X) Addition
Name: LECLERC, PAMELA A M. REV.
Address: 9236 ESTATE COVE CIRCLE
City-St-Zip: RIVERVIEW, FL 33578

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA A LECLERC

DT

01/06/2009

Electronic Signature of Signing Officer or Director

Date