

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004694

FILED
Apr 12, 2005
Secretary of State

Entity Name: THE UNITED CATHOLIC CHURCH, INC.

Current Principal Place of Business:

5017 BELLFLOWER COURT
SUITE 205
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

5017 BELLFLOWER COURT
SUITE 205
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 59-3398273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWMAN, MARGARET E
5017 BELLFLOWER COURT
SUITE 204
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOWMAN, MARGARET E
Address: 5017 BELLFLOWER COURT, SUITE 204
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: BOWMAN, ROBERT M
Address: 5017 BELLFLOWER COURT, SUITE 204
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: MENTER, WILLIAM G
Address: 271 DICKINSON ST, SE
City-St-Zip: PALM BAY, FL 32907

Title: D () Delete
Name: BURTON, PATRICIA
Address: 1121 PROGRESS DR., APT A
City-St-Zip: MEDFORD, OR 97504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BURTON, PATRICIA
Address: 1499 MONTC LAIR
City-St-Zip: MEDFORD, OR 97504

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT M. BOWMAN

D

04/12/2005

Electronic Signature of Signing Officer or Director

_____ Date