

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90056 039 \*\*\*\*61.25

<b>DOCUMENT # N96000004694</b> 1. Entity Name <b>THE UNITED CATHOLIC CHURCH, INC.</b>			
Principal Place of Business <b>1494 PATRIOT DRIVE MELBOURNE, FL 32940</b>		Mailing Address <b>1494 PATRIOT DRIVE MELBOURNE, FL 32940</b>	
2. Principal Place of Business - No P.O. Box # <b>51 Hilltop Rd.</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 603</b> Suite, Apt. #, etc.	
City & State <b>Bethany CT</b> Zip <b>06524</b>		City & State <b>Cheshire, CT</b> Zip <b>06410</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-3398273</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BOWMAN, MARGARET E 1494 PATRIOT DRIVE MELBOURNE, FL 32940</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWMAN, MARGARET E 1494 PATRIOT DRIVE MELBOURNE, FL 32940	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWMAN, ROBERT M 1494 PATRIOT DRIVE MELBOURNE, FL 32940	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENTER, WILLIAM G 271 DICKINSON ST. SE PALM BAY, FL 32907	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURTON, PATRICIA 1499 MONTIC LAIR MEDFORD, OR 97504	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D TRESSEL, ROSE 51 HILLTOP ROAD BETHANY, CT 06524
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			
<b>SIGNATURE:</b> <b>Robert M Bowman</b>		<b>22 Feb 07 (321) 752-5955</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	