

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004694

FILED  
Mar 21, 2009  
Secretary of State

**Entity Name:** THE UNITED CATHOLIC CHURCH, INC.

**Current Principal Place of Business:**

51 HILLTOP RD  
BETHANY, CT 06524

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 603  
CHESHIRE, CT 06410

**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  
1494 PATRIOT DRIVE  
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: 1494 PATRIOT DRIVE  
City-St-Zip: MELBOURNE, FL 32940

Title: D ( ) Delete  
Name: BOWMAN, ROBERT M  
Address: 1494 PATRIOT DRIVE  
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: 1499 MONTIC LAIR  
City-St-Zip: MEDFORD, OR 97504

Title: D ( ) Delete  
Name: TRESSEL, ROSE  
Address: 51 HILLTOP ROAD  
City-St-Zip: BETHANY, CT 06524

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

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

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: ROSE H. TRESSEL

D

03/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date