

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90021 010 ****70.00

DOCUMENT # N96000005457

1. Corporation Name

OUR LADY OF THE SACRED FLAME, INC.

Principal Place of Business

**2832 LANCASTER RD
MELBOURNE FL 32935**

Mailing Address

**P O BOX 360613
MELBOURNE FL 32936-0613
US**

5 6 7 8 9
567100 - 90021 - 10



2. Principal Place of Business

21
Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

10/23/1996

4. FEI Number

59-3434550

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**BURKHOLDER, JACQUELYNE
2832 LANCASTER RD
MELBOURNE FL 32935**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

VD
NAME **BRADSTREET, JAMES**
STREET ADDRESS **2238 KENT STREET NE.**
CITY-ST-ZIP **PALM BAY FL 32907-2625**

☒ DELETE

PD
NAME **FISHER-BRADSTREET, SANDRA**
STREET ADDRESS **2238 KENT STREET N.E.**
CITY-ST-ZIP **PALM BAY FL 32907-2625**

☐ DELETE

SDT
NAME **BURKHOLDER, JACQUELYNE**
STREET ADDRESS **2832 LANCASTER RD**
CITY-ST-ZIP **MELBOURNE FL 32935**

☐ DELETE

D
NAME **CARUSONE, JUDITH E**
STREET ADDRESS **9707 CHATFIELD ST.**
CITY-ST-ZIP **HOUSTON TX 77022**

☐ DELETE

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jacqueline Burkholder 5/15/99 407-259-1048

CR2E037 (11/98)

0020185