

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90267 049 *****70.00

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1. Entity Name

ARCHBISHOP FREEHAN DISTRICT COUNCIL SOCIETY OF S

Principal Place of Business

**5480 85TH ST.
 VERO BEACH FL 32967-5544**

Mailing Address

**5480 85TH ST.
 VERO BEACH FL 32967-5544**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0734687

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WOLFF, PAUL R
 8085 133RD PLACE
 ROSELAND FL 32957**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **WOLFF, PAUL R**
 STREET ADDRESS **8085 133RD PLACE**
 CITY-ST-ZIP **ROSELAND FL 32957**

TITLE **TD** ☐ Delete
 NAME **FLICK, JAMES J**
 STREET ADDRESS **526 BALBOA ST**
 CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **SD** ☐ Delete
 NAME **HAEFNER, ROBERT E**
 STREET ADDRESS **114 LANDOVER DRIVE**
 CITY-ST-ZIP **SEBASTIAN FL 32957**

TITLE **VD** ☒ Delete
 NAME **EDWARDS, STAN**
 STREET ADDRESS **1745 14TH AVE.**
 CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **VD**
 STREET ADDRESS **GERALD O'DONNELL**
 CITY-ST-ZIP **3515 SE 36TH ST.
 OKEECHOBEE, FL 34974**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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.

SIGNATURE: PAUL R. WOLFF
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **1-24-2001** Daytime Phone # **561-589-3338**

CR2E037 (10/00)