

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 8:00 am
Secretary of State
 01-10-2001 90078 029 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N97000003510

1. Entity Name
FRANCISCAN GOSPEL MEDIA, INC.

Principal Place of Business
**2433 INDIAN AVE.
 BELLEAIR BLUFFS FL 33770
 US**

Mailing Address
**2433 INDIAN AVE.
 BELLEAIR BLUFFS FL 33770**

2. Principal Place of Business
4497 W. FIRST AVE.

3. Mailing Address
P.O. Box 22476

Suite, Apt. #, etc.

City & State
HiALEAH, FL

City & State
HiALEAH, FL

Zip
33012

Country
DADE

Zip
33002

Country
DADE

4. FEI Number **13-5300606** ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MARQUARDT, EMIL C JR.
 625 CT. ST.
 CLEARWATER FL 33756**

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 **R. Roderic Petrie, OFM** **1/4/01**
 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 NAME STREET ADDRESS CITY-ST-ZIP	D PETRIE, RODERIC F OFM 2433 INDIAN AVE BELLEAIR BLUFFS FL 33770	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COD BEDNAR, MARTIN F OFM 2433 INDIAN AVE BELLEAIR BLUFFS FL 33770	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FLANAGAN, EDWARD F OFM 2433 INDIAN AVE BELLEAIR BLUFFS FL 33770	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PETRIE, RODERIC F OFM 4497 W. FIRST AVE HiALEAH, FL 33012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COD BEDNAR, MARTIN F OFM 4497 W. FIRST AVE HiALEAH, FL 33012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COD DANIEL LANAHAN, DANIEL, OFM 67 ARBOR DR. HO-HO-KUS, NJ 07423	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **FE S. Roderic Petrie, OFM** **1/4/01** **305/822-2011**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)