FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

大学の場所を表示した。

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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NAME

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NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # N97

Corporation Name

N97000004463 (2)

ST. MICHAEL'S AMERICAN CATHOLIC CHURCH, INC.

Principal Place of Business Mailing Address 7813 N NEBRASKA AVE 7813 N NEBRASKA AVE 3. Date Incorporated or Qualified TAMPA FL 33604 **TAMPA FI 33604** 08/06/1997 4. FEI Number Applied For 62-1706714 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution 27 Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 Yes 28 Zip Country Zip Country 8. This corporation owes or has pald the current year intaggible 24 Yes 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent e 5 **LEIGH, CHARLES M** 82 500 W PARIS ST 83 TAMPA FL 83604 84 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 tanifum with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

SIGNATURE

A 15 20 Code 3360 4

Changes Was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am tanifum with and accept the obligations of Section 617.0503, Florida Statutes. required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE DIPISIT Change Addition NAME 1.2 NAME Charles ebraska Ave STREET ADDRESS 1.3 STREET ADDRESS 7813 N. CITY-ST-ZIP 1.4 CITY-ST-ZIP ampa Addition DELETE TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE lle Piersall Nebraska A NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS

14. [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 If changed, or on an attachment with an address.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

41 BILE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

DELETE

SIGNATURE: (Charles of Experience Laich 4/15/98 COD) 238-6160

CR2E037 (10/97)

Change

Change

Change

Addition

Addition

Addition

FILED

Apr 27 1998 8:00am

Secretary of State