2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000003956

1. Entity Name
THE INDEPENDENT OLD CATHOLIC CHURCH OF THE AMERICAS, INC.

Principal Place of Business	Mailing Address
28-27554 US HWY 19N CLEARWATER, FL 33761-]	P. O. BOX 7078 CLEARWATER, FL 33758

DO NOT WRITE IN THIS SPACE

02222006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3648574
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LE MESURIER, GEORGE H
28-27554 US HWY 19N
CLEARWATER, FL 33761-]

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] George LeMesurier 2/22/06
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000445754
03/07/06-80061-018 61.25

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	MCCORMICK, MAURICE
STREET ADDRESS	8701 BRITTANY DR
CITY-ST-ZIP	LOUISVILLE, KY 40220
TITLE	D
NAME	SCHRETT, ROY F
STREET ADDRESS	10207 OAK FOREST DR.
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	D
NAME	KENNEY, BILL
STREET ADDRESS	12298-B DELBAR COURT
CITY-ST-ZIP	LARGO, FL 33770
TITLE	D
NAME	STACY, ROBERT
STREET ADDRESS	1435 WHITING
CITY-ST-ZIP	MEMPHIS, TN 38117
TITLE	PD
NAME	LEMESURIER, GEORGE K
STREET ADDRESS	28-27554 US HWY 19 N
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [signature] George LeMesurier 2/22/6 727 796-5761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #