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Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 91110 032 ****70.00

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3848574 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LE MESURIER, GEORGE H 28-27554 US HWY 19N CLEARWATER, FL 33761-]	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: George H LeMesurier (George LeMesurier) DATE: March 13/03
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW: FEE IS $61.25 | 9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees | Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP				
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MCCORMICK, MAURICE		NAME	
STREET ADDRESS	8701 BRITTANY DR		STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE, KY 40220		CITY-ST-ZIP	
TITLE	D	☒ Delete	TITLE	☐ Change ☐ Addition
NAME	NAESMITH, MIKE		NAME	
STREET ADDRESS	710 SALEM RD.		STREET ADDRESS	
CITY-ST-ZIP	CLARKSVILLE, TN 37043		CITY-ST-ZIP	
TITLE	D	☒ Delete	TITLE	☐ Change ☐ Addition
NAME	RICKARD, RODNEY P		NAME	
STREET ADDRESS	27-27554 US HWY 19 N		STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33761		CITY-ST-ZIP	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LEMESURIER, GEORGE		NAME	
STREET ADDRESS	P.O. BOX 7078		STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33758		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	BONESTEEL, DENNIS R		NAME	
STREET ADDRESS	~~5814 WYOMING AVE~~		STREET ADDRESS	62-27554 US HWY 19N
CITY-ST-ZIP	~~NEW PORT RICHEY, FL 34652~~		CITY-ST-ZIP	Clearwater, FL 33761
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STACY, ROBERT		NAME	
STREET ADDRESS	1436 WHITING		STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS, TN 38117		CITY-ST-ZIP	

CR2E037 (10/02)

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: George H LeMesurier (C. LeMESURIER) March 13/03 727-796-5467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #