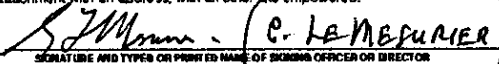


FILED
Mar 17, 2003 8:00 am
Secretary of State

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 28-27554 US HWY 19N CLEARWATER, FL 33761-1			Mailing Address P. O. BOX 7078 CLEARWATER, FL 33758		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. Name and Address of Current Registered Agent LE MESURIER, GEORGE H 28-27554 US HWY 19N CLEARWATER, FL 33761-1			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  (George LeMesurier) Mark 13/03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when necessary.) DATE					
FILE NOW - FEE \$501.25		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 SD MCCORMICK, MAURICE 8701 BRITTANY DR LOUISVILLE, KY 40220 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP D NAESMITH, MIKE 710 SALEM RD. CLARKSVILLE, TN 37040 ☒ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP D RICKARD, RODNEY P 27-27554 US HWY 19N CLEARWATER, FL 33761 ☒ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD LEMESURIER, GEORGE P.O. BOX 7078 CLEARWATER, FL 33768 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP D BONESTEEL, DENNIS R 5814 WYOMING AVE NEW PORT RICHEY, FL 34802 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP 62-27554 US HWY 19N Clearwater, FL 33761 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP D STACY, ROBERT 1436 WHITING MEMPHIS, TN 38117 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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:  (G. LEMESURIER) Mark 13/03 727-796-5467 Signature and typed or printed name of signing officer or director Date Daytime Phone #					

CR03037 (10/02)