FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

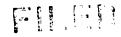
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N98000006084

THE OLD HOLY ROMAN CATHOLIC CHURCH, INC.

| Principal Place of Busines |
|----------------------------|
| 600 ORANGE AVENUE |
| SAINT CLOUD FL 34769 |

Mailing Address



99 APR 23 PH 2: 00

SECRETARIO LE STATE TALLAHASSEE, L'EORIDA



| 600 ORANGE SAINT CLOUD | | 600 ORANGE AVENUE SAINT CLOUD FL 34769 | | | |
|--|--|--|-------------------------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualifed | |
| 21 | | 26 | | 10/26/1998 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number Applied For S9 - 3640029 Not Applicable | |
| 22 City & State | | City & State | | 59 - 3570027 (Not Applicable \$8.75 Additional | |
| 23 | | 28 | | 5. Certificate of Status Desired Fee Required | |
| Zip | Zip Country Zip Cou | | Country | 6. Election Campaign Financing \$5.00 May Be | |
| 24 25 29 | | | ol | Trust Fund Contribution Added to Fees | |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name and Address of New Registered Agent | | | | | |
| | 44.55 | | ' | piegel & Utrera, P.A. | |
| AMERILA\ | | | 82 Street Add | ress (P.O. Box Number is Not Acceptable) 43 Almeria Avenue | |
| 343 ALMERIA AVENUE CORAL GABLES FL 33134 | | | 83 | 45 Almerra Avenue | |
| CONCE | VADLES FL 33134 | | | | |
| | | | 84 City COT | ral Gables $\mathbf{FL} \begin{vmatrix} 85 & \mathbf{Zip Code} \\ 33134 \end{vmatrix}$ | |
| 11. Pursuant | to the provisions of Sections 617.050 |)2 and 617.1508, Florida Statutes | the shove-named corr | poration submits this statement for the nurpose 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 familiar with accept the appointment as registered agent. I am familiar with accept the appointment as registered agent. I am familiar with a comparison of Section 6 N. 0503, Florida Statutes. | | | | | |
| SIGNATURE | Bv: | | | 9//// 2/ | |
| | Signature, type V and the praint openis for the | era ! ***Vice-Pres | girige that signature require | ed when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| 12. | PD OFFICERS AN | ND DIRECTORS | 13. | Change Addition | |
| NAME | LAY, RONALD J | | 1.2 NAME | 0000028588705 | |
| STREET ADDRESS | 600 ORANGE AVENUE | | 1.3 STREET ADDRESS | 04/30/9901111004 | |
| CITY-ST-ZIP | SAINT CLOUD FL 34769 | | 1.4 City-St-ZiP | *****61.25 *****61.25 | |
| TITLE | S | ☐ DELETE | 21 TITLE | ☐ Change ☐ Addition | |
| NAME | Labonte, Sandra | | 22 NAME | | |
| STREET ADDRESS | 600 ORANGE AVENUE | | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | SAINT CLOUD FL 34769 | | 2 4 CITY-ST-ZIP | | |
| TITLE | TD | ☐ DELETE | 31 TITLE | ☐ Change ☐ Addition | |
| NAME | LAY, SALLY A | | 3 2 NAME | | |
| STREET ADDRESS | 600 ORANGE AVENUE SAINT CLOUD FL 34769 | | 33 STREET ADDRESS | | |
| CITY-9T-ZIP TITLE | D | ☐ DELETE | 34. CITY-ST-ZIP 4.1 TITLE | ☐ Change ☐ Addition | |
| NAME | LAY, STEVE J | | 4. 2 NAME | <u>-</u> | |
| STREET ADDRESS | 600 ORANGE AVENUE | | 4 3 STREET ADDRESS | ļ | |
| C/TY-ST-ZIP | SAINT CLOUD FL 34769 | | 4.4 City-St-ZiP | | |
| TITLE | | ☐ DELETE | 51 TITLE | ☐ Change ☐ Addition | |
| NAME | | | 52 NAME | | |
| STREET ADDRESS | | | 5 3 STREET ADDRESS | | |
| CITY-ST-ZIP | | ☐ DELETE | 54 CITY-ST-ZIP 61 TITLE | ☐ Change ☐ Addition | |
| TITLE | | ☐ DECE 15 | 62 NAME | | |
| NAME STREET ADODESS | | | 63 STREET ADDRESS | 2 Works Cun | |
| STREET ADDRESS | | | 64 CITY-ST-ZIP | 5 412344 7477 | |
| CTTY-ST-ZIP | Of the Late of the | tall at the first of the same at the same at | V-Gill-Gireir | Section 110 07/3\(\frac{1}{2}\)\(\fr | |

I nereby certify that the information supplied with this filing does not quality 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, with all other like empowered.

SIGNATURE:

4-13-99

(407 892-5703