

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P15912** (9)

1. Corporation Name

LIBERAL CATHOLIC CHURCH, A CORPORATION



Principal Place of Business

Mailing Address

%REV. JOSEPH E. NETH
1736 HOLLY OAKS RAVINE DRIVE
JACKSONVILLE FL 32225

%REV. JOSEPH E. NETH
1736 HOLLY OAKS RAVINE DRIVE
JACKSONVILLE FL 32225

3. Date Incorporated or Qualified
09/10/1987

3a. Date of Last Report
04/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

95-6048465

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NETH, JOSEPH E.
1736 HOLLY OAKS RAVINE DRIVE
JACKSONVILLE FL 32225**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent, and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **ST** ☐ DELETE
NAME **BEKKEN, DEAN**
STREET ADDRESS **741 CERRO GORDO AVENUE**
CITY-ST-ZIP **SAN DIEGO CA**

TITLE **D** ☐ DELETE
NAME **NETH, JOSEPH E.**
STREET ADDRESS **1736 HLY OAK RAVINE DR**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE
NAME **BERTIE, HILDA**
STREET ADDRESS **147 W. 144TH ST.**
CITY-ST-ZIP **NEW YORK NY**

TITLE **D** ☐ DELETE
NAME **JENKINS, HELEN M.**
STREET ADDRESS **2911 SCOTTWOOD AVE**
CITY-ST-ZIP **TOLEDO OH**

TITLE **D** ☐ DELETE
NAME **YEARWOOD, DONALD**
STREET ADDRESS **147 W 144 ST**
CITY-ST-ZIP **NEW YORK NY**

TITLE **D** ☐ DELETE
NAME **KIRK, CECILIA**
STREET ADDRESS **741 CERRO GOADO AVE**
CITY-ST-ZIP **SAN DIEGO CA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☐ Change ☒ Addition
1.2 NAME **ROBERTS, JAMES P.**
1.3 STREET ADDRESS **147 W 144 ST**
1.4 CITY-ST-ZIP **NEW YORK NY**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Dean Bekken*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dean Bekken 4-14-96

Date

619-239-0637

Daytime Phone #

CR2E037 (12/95)