

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P15912

1. Entity Name

LIBERAL CATHOLIC CHURCH, A CORPORATION

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90008 018 \*\*\*\*61.25

|   |  |
|---|--|
| Principal Place of Business   | Mailing Address  |
| %REV. JOSEPH E. NETH<br>1736 HOLLY OAKS RAVINE DRIVE<br>JACKSONVILLE FL 32225 | %REV. JOSEPH E. NETH<br>1736 HOLLY OAKS RAVINE DRIVE<br>JACKSONVILLE FL 32225-2210 |

|                                |                    |
|--------------------------------|--------------------|
| 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 | Applied For    |
| 95-6048465    | Not Applicable |

|                                  |                                |
|----------------------------------|--------------------------------|
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/>         |                                |



DO NOT WRITE IN THIS SPACE

|  |
|--|
| 6. Name and Address of Current Registered Agent                          |
| NETH, JOSEPH E.<br>1736 HOLLY OAKS RAVINE DRIVE<br>JACKSONVILLE FL 32225 |

|  |
|--|
| 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.

|           |   |  |      |
|-----------|---|--|------|
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE |
|           |   |  |      |

|                             |   |                                |  |
|-----------------------------|---|--------------------------------|--|
| FILE NOW:<br>FEE IS \$61.25 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees | Make Check Payable to<br>Department of State |
|-----------------------------|---|--------------------------------|--|

| 10. OFFICERS AND DIRECTORS |                                     |
|----------------------------|-------------------------------------|
| TITLE                      | S/T <input type="checkbox"/> Delete |
| NAME                       | BEKKAN, JEAN E                      |
| STREET ADDRESS             | 7162-A CALABRIA CT                  |
| CITY-ST-ZIP                | SAN DIEGO CA 92122                  |
| TITLE                      | V <input type="checkbox"/> Delete   |
| NAME                       | FINN, CHARLES W                     |
| STREET ADDRESS             | 741 CERRO GORDO AVE                 |
| CITY-ST-ZIP                | SAN DIEGO CA 92102                  |
| TITLE                      | D <input type="checkbox"/> Delete   |
| NAME                       | BERTIE, HILDA                       |
| STREET ADDRESS             | 147 W. 144TH ST.                    |
| CITY-ST-ZIP                | NEW YORK NY                         |
| TITLE                      | D <input type="checkbox"/> Delete   |
| NAME                       | JENKINS, HELEN M.                   |
| STREET ADDRESS             | 2911 SCOTTWOOD AVE                  |
| CITY-ST-ZIP                | TOLEDO OH                           |
| TITLE                      | D <input type="checkbox"/> Delete   |
| NAME                       | YEARWOOD, DONALD                    |
| STREET ADDRESS             | 147 W 144 ST                        |
| CITY-ST-ZIP                | NEW YORK NY                         |
| TITLE                      | D <input type="checkbox"/> Delete   |
| NAME                       | KIRK, CECILIA                       |
| STREET ADDRESS             | 741 CERRO GOADO AVE                 |
| CITY-ST-ZIP                | SAN DIEGO CA                        |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|---|--|
| TITLE   | S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | Dean Bekken  |
| STREET ADDRESS  | 11174 Spooner Ct.  |
| CITY-ST-ZIP   | San Diego, CA 92131  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |

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: <i>Dean Bekken</i>                                      | 1-28-00 | 619-524-2880    |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date    | Daytime Phone # |

CR2E037 (9/99)