2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State
04-04-2001 90052 046 ****61.25

DOCUMENT # P15912

1. Entity 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

DO NOT WRITE IN THIS SPACE

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 95-6048465 ☐ 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
NETH, JOSEPH E. 1736 HOLLY OAKS RAVINE DRIVE JACKSONVILLE FL 32225	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T BALDEN, DEAN 11174 SPOONER CT SAN DIEGO CA 92122	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T BEKKEN, DEAN 11174 SPOONER CT SAN DIEGO CA 92131	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FINN, CHARLES W 741 CERRO GORDO AVE SAN DIEGO CA 92102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FINN, CHARLES W 43601 E. FLORIDA AVE. SP 99 HEMET, CA 92544	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERTIE, HILDA 147 W. 144TH ST. NEW YORK NY	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JAMES P. ROBERTS 147 W 144TH ST. NEW YORK, NY 10030	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JENKINS, HELEN M. 2911 SCOTTWOOD AVE TOLEDO OH	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENNETT DD BURKE 416 E 4TH ST CASA GRANDE, AZ	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YEARWOOD, DONALD 147 W 144 ST NEW YORK NY	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALTER L. McFADDEN 440 T.C. JESTER BLVD # 14 HOUSTON, TX 77018	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIRK, CECILIA 741 CERRO GOADO AVE SAN DIEGO CA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~SALLY~~ SALLY JOSE 545 EAST PALM PARK BLVD CASA GRANDE, AZ 85222	☐ Change ☒ Addition

CR2E037 (10/00)

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: SIGNATURE DEAN BEKKEN 3-27-01 619-524-2880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #