

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
 04-29-2002 90158 005 ****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**

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

ROBERTS, WILLIAM O

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

2930 E. SABLE CIRCLE

City

MARGATE

FL

Zip Code

33063

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

William O. Roberts

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **S/T** ☐ Delete
 NAME **BEKKEN, DEAN**
 STREET ADDRESS **11174 SPOONER CT**
 CITY-ST-ZIP **SAN DIEGO CA 92122**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **FINN, CHARLES W**
 STREET ADDRESS **43601 E. FLORIDA AVE. SP99**
 CITY-ST-ZIP **HEMET CA 92544**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Delete
 NAME **ROBERTS, JAMES P**
 STREET ADDRESS **147 W 144TH ST.**
 CITY-ST-ZIP **NEW YORK NY 10030**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **MCFADDEN, WALTER L**
 STREET ADDRESS **440 T.C. JESTER BLVD #14**
 CITY-ST-ZIP **HOUSTON TX 77018**

TITLE **D** ☒ Change ☐ Addition
 NAME **ROBERTS, WILLIAM O**
 STREET ADDRESS **2930 E. SABLE CIRCLE**
 CITY-ST-ZIP **MARGATE, FL 33063**

TITLE **D** ☐ Delete
 NAME **SALLY, JOSE**
 STREET ADDRESS **545 EAST PALM PARK BLVD**
 CITY-ST-ZIP **CASA GRANDE AZ 85222**

TITLE ☐ Change ☐ 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:

CHARLES W. FINN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES W. FINN 4-10-02 909-306-6256

Date

Daytime Phone #

CR2E037 (9/01)