

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

**50 MAY -1 AM 10:15**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P34559 (5)**  
1. Corporation Name  
**OLD CATHOLIC CHURCH OF AMERICA, INC.**

Principal Place of Business <b>57690 HWY O WATERTOWN WI 53094</b>	Mailing Address <b>57690 HWY O WATERTOWN WI 53094</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/28/1991</b>	3a. Date of Last Report <b>05/27/1994</b>
4. FEI Number <b>39-1144237</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>NADREAU, RONALD 8524 N.W. 27TH DRIVE CORAL GABLES FL 33065</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PT</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, WALTER X, M.REV.</b>	12 NAME	
STREET ADDRESS	<b>W 1207 W. RIVER DRIVE</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>OCONOMOWOC WI</b>	14 CITY - ST - ZIP	
TITLE	<b>VS</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRUMPTON, MARC F. R</b>	22 NAME	
STREET ADDRESS	<b>1502 N. 70TH ST.</b>	23 STREET ADDRESS	
CITY - ST - ZIP	<b>WAUWATOSA WI</b>	24 CITY - ST - ZIP	
TITLE	<b>D</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GASQUOINE, EARL, M. REV.</b>	32 NAME	
STREET ADDRESS	<b>1638 W. RASCHER AVE.</b>	33 STREET ADDRESS	
CITY - ST - ZIP	<b>CHICAGO IL</b>	34 CITY - ST - ZIP	
TITLE	<b>D</b>	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOSTWICK, JAMES E.</b>	42 NAME	
STREET ADDRESS	<b>409 N. LEXINGTON PARKWAY</b>	43 STREET ADDRESS	
CITY - ST - ZIP	<b>DEFOREST WI</b>	44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 110.07(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: Walter X. Brown MOST REV. WALTER XAVIER BROWN 4-26-95 1-414-261-2882  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Type Date)