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Mar 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P34559 (5)

1. Corporation Name
OLD CATHOLIC CHURCH OF AMERICA, INC.



Principal Place of Business Mailing Address
8524 N.W. 27 DRIVE P.O. BOX 8463
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33075-8463

3. Date Incorporated or Qualified 06/28/1991
3a. Date of Last Report 12/10/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 39-1144237
21 Suite, Apt #, etc. 26 Suite, Apt. #, etc. Applied For Not Applicable
22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24 25 29 30 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

NADREAU, RONALD C REV.
8524 N.W. 27TH DRIVE
CORAL SPRINGS FL 33065

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, WALTER X REV.	1.2 NAME	
STREET ADDRESS	W7457 HIGHWAY P	1.3 STREET ADDRESS	
CITY - ST - ZIP	ENDEAVOR WI 53930	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSTWICK, JAMESF. E REV.	2.2 NAME	
STREET ADDRESS	409 NORTH LEXINGTON PARKWAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	DEFORST WI 53532	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUMPTON, MARC F REV.	3.2 NAME	
STREET ADDRESS	1502 NORTH 70TH STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	WAUWATOSA WI 53213	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASQUIONE, EARL P REV.	4.2 NAME	
STREET ADDRESS	1636 WEST RASCHER AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL 60640	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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: *Monte R. ...* 3-8-97 608-846-5608

CR2E037 (9/96)