NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P34559**

1. Corporation Name

OLD CATHOLIC CHURCH OF AMERICA, INC.

Principal Place of Business

Mailing Address

8524 N.W. 27 DRIVE CORAL SPRINGS FL 33065 P.O. BOX 8463 CORAL SPRINGS FL 33075-8463

FILED Apr 12, 1999 8:00 am Secretary of State

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2. Principal P	Place of Business 2a. Mailing Address 26					3. Date Incorporated or Qualifed 06/28/1991	
Suite, Apt. #, etc. Suite, Apt. #, etc.						ed For	
22	27		-		39-1144237 - Not /	Applicable	
City & Stat	е	City & State				\$8.75 Additional Fee Required	
Zip	Country	Zip				6. Election Campaign Financing S5.00 M	ay Be
24	25	29 30			Trust Fund Contribution Added to	Added to Fees	
	9. Name and Address of Current I					10. Name and Address of New Registered Agent	
				81	Name		
MADDEALL DOMALD C DEV			82 Street Address (P.O. Box Number is Not Acceptable)				
NADREAU, RONALD C REV.			Street Address (F.O. Box Number is Not Acceptable)				
8524 N.W. 27TH DRIVE				83			
CUHAL SI	CORAL SPRINGS FL 33065					[-1 -1 -	
				84	City	FL 85 Zip Co	
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was a	utnonzec	י עם נ	tne corpor	corporation submits this statement for the purpose of changing its re- ration's board of directors. I hereby accept the appointment as regi-	egistered stered
SIGNATURE		700	. #0"5/	. X =		quired when reinstating) DATE	\
40	Signature, typed or printed name of registered agent a	· · · · · · · · · · · · · · · · · · ·	13.	Agen	t signature req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12
12.	OFFICERS AND	DELETE	1.1 TI	TI C	Т	[] Change	Addition
TITLE		C) DELETE			İ	· · · · · · · · · · · · · · · · · · ·	_
NAME	NADREAU, RONALD C REV		1.2 N/				
STREET ADDRESS	8524 NW 27TH DR				ADDRESS		ì
CITY-ST-ZIP	CORAL SPRINGS FL 33065	- Design		TY-51	r-zip	Change	Addition
TITLE	VD ·	☐ DELETE	2.1 T		1		1 Addition
DOCITION, GAMEOT. E MEY.		2.2 N	AME	1		į	
STREET ADDRESS 409 NORTH LEXINGTON PARKWAY 23 S		2.3 \$1	TREET	ADORESS		[
CiTY-ST-ZIP	DEFOREST WI 53532		2.4 C	ITY-S	T-ZIP -	The second secon	
TITLE	SD	☐ DELETE	3.1 TI	TLE	ł	Change	Addition
NAME	CRUMPTON, MARC F REV.		3.2 N	AME	İ		1
STREET ADDRESS	1502 NORTH 70TH STREET		3.3 ST	TREET	ADDRESS		
CITY-ST-ZIP	WAUWATOSA WI 53213		3.4. C	TY-S	T-ZIP		
TITLE	D	☐ DELETE	4,1 TI	TLE		Change	Addition
NAME	GASQUIONE, EARL P REV.		4. 2 N	AME	1		
STREET ADDRESS	ARRA MERCE DAROUED AMENUE		4.3 S	TREET	ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60640		4.4 CI	TY-ST	T-ZIP		
TITLE		☐ DELETE	5.1 TI			☐ Change	Addition
NAME			5.2 N	AME			ŀ
STREET ADDRESS			5.3 \$	TREET	ADDRESS	,	!
			5.4 CI	ITY-\$1	f-ŻIP		
CITY-ST-ZIP		☐ DELETE	. 6.1 TI			. Change	Addition
)	—	6.2 N	AME			1
NAME	1				ADDRESS	•	1
STREET ADDRESS]			TY-57			ļ
CITY-ST-ZIP			5.4 C	111-0	1-41F		,

14. 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 annual report or supplied 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 trusted 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, with all other like empowered.

SIGNATURE

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SIGNATURE AND THE OR FRINTED NAME OF SIGNAMO OFFICER OR DIRECTOR

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4/7/99 (954)753 - 2185 Dayline Phone # CD2E027_(11/08)