

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90045 020 \*\*\*\*61.25

**DOCUMENT # P34559**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**39-1144237**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \_\_\_\_\_

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NADREAU, RONALD C REV</b>	
STREET ADDRESS	<b>8524 NW 27TH DR</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>BOSTWICK, JAMESF. E REV.</b>	
STREET ADDRESS	<b>409 NORTH LEXINGTON PARKWAY</b>	
CITY-ST-ZIP	<b>DEFORREST WI 53532</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>CRUMPTON, MARC F REV.</b>	
STREET ADDRESS	<b>1502 NORTH 70TH STREET</b>	
CITY-ST-ZIP	<b>WAUWATOSA WI 53213</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GASQUIONE, EARL P REV.</b>	
STREET ADDRESS	<b>1636 WEST RASCHER AVENUE</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60640</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **SIGNATURE REQUIRED** **RONALD C. NADREAU, Dir** Date **4/20/00** Daytime Phone # **954 753 2185**

CR2E037 (9/99)