

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P34559**

1. Entity Name

OLD CATHOLIC CHURCH OF AMERICA, INC.

Principal Place of Business

**8524 N.W. 27 DRIVE
CORAL SPRINGS FL 33065**

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number

39-1144237

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 signatures 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

TITLE	D	<input type="checkbox"/> Delete
NAME	NADREAU, RONALD C REV	
STREET ADDRESS	8524 NW 27TH DR	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	

TITLE	VD	<input type="checkbox"/> Delete
NAME	BOSTWICK, JAMESF. E REV.	
STREET ADDRESS	409 NORTH LEXINGTON PARKWAY	
CITY-ST-ZIP	DEFOREST WI 53532	

TITLE	SD	<input type="checkbox"/> Delete
NAME	CRUMPTON, MARC F REV.	
STREET ADDRESS	1502 NORTH 70TH STREET	
CITY-ST-ZIP	WAUWATOSA WI 53213	

TITLE	D	<input type="checkbox"/> Delete
NAME	GASQUIONE, EARL P REV.	
STREET ADDRESS	1636 WEST RASCHER AVENUE	
CITY-ST-ZIP	CHICAGO IL 60640	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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NAME		
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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90007 031 ****61.25

00023970

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)