

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002722

Entity Name: COMPASSION OF CHRIST OLD CATHOLIC CHAPEL, INC.**Current Principal Place of Business:**6501 S. DIXIE HIGHWAY
SUITE.107
WEST PALM BEACH, FL 33405**Current Mailing Address:**PO BOX 7624
WEST PALM BEACH, FL 33405**FEI Number:** 65-0715698**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RICCARDI, RICK M. REV
1224 13TH AVE. NORTH
LAKE WORTH, FL 33460 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	RICCARDI, RICK M. REV.
Address	6501 S. DIXIE HIGHWAY STE.109
City-State-Zip:	WEST PALM BEACH FL 33405

Title	D
Name	THOMAS, FERDINAND .REV.
Address	2410 TWIKINGHAM CT.
City-State-Zip:	CLERMONT FL 34711

Title	D
Name	ORAMA, NANCY MS.
Address	325 SOUTHAMPTON B
City-State-Zip:	WEST PALM BEACH FL 33417

Title	D
Name	WAHLBERG, KENNETH REV.
Address	5757 ELMHURST RD.
City-State-Zip:	WEST PALM BEACH FL 33417

Title	D
Name	RICCARDI , MARGARET MRS.
Address	6501 S. DIXIE HIGHWAY STE.109
City-State-Zip:	WEST PALM BEACH FL 33405

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: M. REV. RICK RICCARDI

PD

02/10/2016

Electronic Signature of Signing Officer/Director Detail_____
Date