

**2020 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: No**

**Name and Address of Current Registered Agent:**

WAHLBERG, REV. KENNETH  
5757 ELMHURST RD.  
WEST PALM BEACH, FL 33417 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: REV. KENNETH WAHLBERG**

**02/22/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title D  
Name RICCARDI, REV. RICK  
Address 6501 S. DIXIE H'WAY  
STE 107  
City-State-Zip: WEST PALM BEACH FL 33465

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

Title D  
Name RICCARDI , MARGARET MRS.  
Address 6501 S. DIXIE HIGHWAY  
STE.107  
City-State-Zip: WEST PALM BEACH FL 33405

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

*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: WAHLBERG ,REV.KENNETH**

**PASTOR**

**02/22/2020**

Electronic Signature of Signing Officer/Director Detail

Date