

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701989

FILED
Apr 13, 2009
Secretary of State

Entity Name: DIOCESE OF CENTRAL FLORIDA, INCORPORATED

Current Principal Place of Business:

1017 E. ROBINSON ST.
ORLANDO, FL 328012023 US

New Principal Place of Business:

Current Mailing Address:

1017 E. ROBINSON ST.
ORLANDO, FL 328012023 US

New Mailing Address:

FEI Number: 59-6168979 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENNETT, ERNEST L
1017 EAST ROBINSON ST
ORLANDO, FL 328012023 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: HOWE, JOHN W
Address: 5583 JESSAMINE LN
City-St-Zip: ORLANDO, FL 32839 US

Title: V/D () Delete
Name: WOOTEN, COUNCIL JR
Address: 236 SOUTH LUCERNE AVE
City-St-Zip: ORLANDO, FL 328014499 US

Title: S () Delete
Name: LANG, MARILYN
Address: 1017 EAST ROBINSON ST
City-St-Zip: ORLANDO, FL 328012023 US

Title: T/D () Delete
Name: BAUDER, BRUCE
Address: 202 GREENLAKE CIR
City-St-Zip: LONGWOOD, FL 32779 US

Title: AS () Delete
Name: BENNETT, ERNEST L
Address: 2442 HUNTINGDALE LANE
City-St-Zip: OVIEDO, FL 32765 US

Title: AT () Delete
Name: B, PICKETT L
Address: PO BOX 267
City-St-Zip: GOLDENROD, FL 327330267 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BL PICKETT

_____ Electronic Signature of Signing Officer or Director

AT

04/13/2009

_____ Date