

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90038 046 ****61.25

DOCUMENT # 756600

1. Entity Name

FREE CATHOLIC DIOCESE OF ST. PAUL THE APOSTLE, I

P

Principal Place of Business

Mailing Address

1470 LAURA STREET
 CLEARWATER FL 33755
 US

P.O. BOX 3454. N/A
 CLEARWATER FL 33767-8454
 US

2. Principal Place of Business

3. Mailing Address

1704 CLEARWATER LARGO RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE C-2

City & State
CLEARWATER, FLORIDA

City & State

4. FEI Number

59-2067261

Applied For

Not Applicable

Zip
34616

Country
US

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

MILNER, MACLIN R JR
1470 LAURA ST
CLEARWATER FL 34615

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILNER, MACLIN R JR	NAME	
STREET ADDRESS	1470 LAURA ST	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYAL, PATRICIA	NAME	
STREET ADDRESS	3100 DUPONT ST S	STREET ADDRESS	6351 2nd Ave S
CITY-ST-ZIP	GULFPORT FL	CITY-ST-ZIP	St. Petersburg, FL 33707
TITLE	VSTD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILNER, MARIA E	NAME	
STREET ADDRESS	1470 LAURA ST	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCBRIDE, IDA	NAME	
STREET ADDRESS	906 ELDRIDGE ST	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	SD# <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, BARBARA	NAME	
STREET ADDRESS	8325 BAY POINT DRIVE	STREET ADDRESS	8608 Thimbleberry Lane
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	Tampa, FL 33635
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Maclyn R. Milner, Jr.* **MOST REV. MACLIN R. MILNER, JR. 8/30/00 727-446-9319**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date Daytime Phone #

CR2E037 (9/99)