

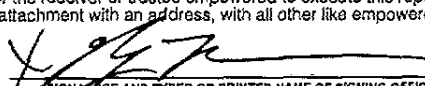


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

|  |  |   |  |   |   |
|--|--|---|--|---|---|
| <b>DOCUMENT # N99000000148</b><br>1. Entity Name<br><b>CATHOLIC FELLOWSHIP, INC.</b>   |  |   |  |    |   |
| Principal Place of Business<br><b>100 SOUTHPARK BLVD<br/>307<br/>SAINT AUGUSTINE, FL 32086</b>   |  |   | Mailing Address<br><b>100 SOUTHPARK BLVD<br/>307<br/>SAINT AUGUSTINE, FL 32086</b> |   |   |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                       |  |   |   |
| City & State   |  | City & State  |  | 4. FEI Number<br><b>59-3553401</b>  |   |
| Zip  |  | Zip   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>BENISCHECK, FRANK<br/>109 'F' STREET<br/>ST AUGUSTINE, FL 32084</b>  |  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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. I am familiar with, and accept the obligations of registered agent.  |  |   |  |   |   |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |  |   |  |   |   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |   |
| Make check payable to<br><b>Florida Department of State</b>  |  |   |  |   |   |
| 10. OFFICERS AND DIRECTORS   |  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>BENISCHECK, FRANK<br>109 'F' ST.<br>SAINT AUGUSTINE, FL 32084          | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPD<br>RITCHIE, MITCHELL<br>5615 SAN JUAN AVE #312<br>JACKSONVILLE, FL 32210 | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>LOMBANA-ARAGNO, JOYCE<br>8375 A1A SOUTH<br>SAINT AUGUSTINE, FL 32080   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. |  |   |  |   |   |
| <b>SIGNATURE:</b>  <b>4/26/06</b> <span style="float: right;">(904) 824-5656</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   |  |   |   |