

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 701989 (6)

1. Corporation Name

DIOCESE OF CENTRAL FLORIDA, INCORPORATED



Principal Place of Business

Mailing Address

1017 E. ROBINSON ST.  
ORLANDO FL 32801

1017 E. ROBINSON ST.  
ORLANDO FL 32801

3. Date Incorporated or Qualified

02/06/1961

3a. Date of Last Report

02/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-6168979

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

22

27

23

28

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENNETT, CANON ERNEST  
1017 EAST ROBINSON STREET  
ORLANDO FL 32801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Ernest C. Bennett*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-17-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOWE, JOHN W.	
STREET ADDRESS	5583 JESSAMINE LANE	
CITY - ST - ZIP	ORLANDO FL 32839	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WOOTEN, COUNCIL JR	
STREET ADDRESS	236 SOUTH LUCERNE CIRCLE	
CITY - ST - ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLARK, MARTIN	
STREET ADDRESS	370 INDIAN HARBOR ROAD	
CITY - ST - ZIP	VERO BEACH FL 32963	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O'DONOGHUE, W. BRUCE	
STREET ADDRESS	3423 ALL AMERICAN BOULEVARD	
CITY - ST - ZIP	ORLANDO FL 32810	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LANG, MARILYN	
STREET ADDRESS	1017 EAST ROBINSON STREET	
CITY - ST - ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BAUDER, BRUCE	
STREET ADDRESS	202 GREENLAKE CIRCLE	
CITY - ST - ZIP	LONGWOOD FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Marilyn M Lang*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96  
Date

407-423-3567  
Daytime Phone #

CR2E037 (12/95)