



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED 142
07 APR -5 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 715962 1. Entity Name FLORIDA CATHOLIC CONFERENCE, INC.					
Principal Place of Business 201 W. PARK AVENUE TALLAHASSEE, FL 32301-7715			Mailing Address 201 W. PARK AVENUE TALLAHASSEE, FL 32301-7715		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		 03222007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1232887				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCARRON, D MICHAEL 201 W. PARK AVENUE TALLAHASSEE, FL 32301-7715			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE <i>D. Michael McCarron</i> D. Michael McCarron, Executive Director <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> 4/3/2007 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
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	FAVALORA, JOHN C		NAME	300096373203 04/10/07--01048--010 **\$1.25	
STREET ADDRESS	9401 BISCAYNE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33138		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LYNCH, ROBERT N		NAME		
STREET ADDRESS	6363 NINTH AVENUE NORTH		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33710		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NEVINS, JOHN J		NAME	D	
STREET ADDRESS	1000 PINEBROOK RD.		STREET ADDRESS	Wenski, Thomas G	
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP	50 E Robinson St Orlando FL 32801	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARBARITO, GERALD M		NAME		
STREET ADDRESS	9995 NORTH MILITARY TRAIL		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GALEONE, VICTOR B		NAME		
STREET ADDRESS	11625 OLD ST. AUGUSTINE RD.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32258		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICARD, JOHN H		NAME		
STREET ADDRESS	11 NORTH B STREET		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32501		CITY-ST-ZIP		
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.					
SIGNATURE: <i>Robert N. Lynch</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/29/2007 Date		727-344-1611 Daytime Phone #
Robert N. Lynch					

April 10, 2007

FLORIDA CATHOLIC CONFERENCE, INC.

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<u>Title</u>	<u>Name</u>	<u>Address</u>
D	Dewane, Frank J.	1000 Pinebrook Rd Venice FL 34292
D	Estévez, Felipe J.	9401 Biscayne Blvd Miami FL 33138
D	Noonan, John G.	9401 Biscayne Blvd Miami FL 33138