

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 APR -7 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02202008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1232887

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL 323017760

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: *Michael D. Carron* April 4, 2008

Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ \$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		
STREET ADDRESS	9401 BISCAYNE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33138		CITY-ST-ZIP		900122433349 04/07/08--01016--003 **61.25
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" 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		33743
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WENSKI, THOMAS		NAME		
STREET ADDRESS	50 E. ROBINSON ST.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input 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: *Robert N. Lynch* 3-31-08 727-344-1611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

April 7, 2008

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