

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:44

DOCUMENT # 717717 (3)
1. Corporation Name
DIOCESE OF SOUTHWEST FLORIDA INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
219-4TH STREET NORTH 219-4TH STREET NORTH
POST OFFICE BOX 491 POST OFFICE BOX 491
ST PETERSBURG FL 33731 ST PETERSBURG FL 33731

3. Date Incorporated or Qualified 12/12/1969 3a. Date of Last Report 01/27/1994
4. FEI Number 59-1282026 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 201 4th St. No. 25
Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
22
23 City & State St. Petersburg, FL 20 City & State
24 Zip 33701 Country 29 Zip Country 30

9. Name and Address of Current Registered Agent
SCHATZBERG, GLENN E.
219 FOURTH STREET NORTH
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent
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 607.0602 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	JOHNSTON, HEWITT V.
STREET ADDRESS	4311 SAN MIGUEL
CITY-ST-ZIP	TAMPA FL
TITLE	P
NAME	HARRIS, ROGERS
STREET ADDRESS	3399 MAPLE STREET, N.E.
CITY-ST-ZIP	ST PETE FL
TITLE	D
NAME	DODD, WILLIAM P.
STREET ADDRESS	9478 BALSA CT.
CITY-ST-ZIP	SANIBEL FL
TITLE	T
NAME	SCHATZBERG, GLENN E.
STREET ADDRESS	6924 GREENHILL PLACE
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	LECKRONE, W. THOMAS
STREET ADDRESS	11421 WILD CAT LANE
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	D
NAME	DAGE, RAYMOND
STREET ADDRESS	315 BROOKSVILLE AVE
CITY-ST-ZIP	BROOKSVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHN W. KLIVE	
1.3 STREET ADDRESS	28524 TANGLEWOOD DR.	
1.4 CITY-ST-ZIP	WELLEY CHAPEL, FL 33543	
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 110.07(3)(k), 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: Glenn E. Schatzberg Date: 1-12-95 (813) 823-2737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR DIRECTOR