

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 717717 (3)

1. Corporation Name

DIocese of Southwest Florida Incorporated



Principal Place of Business

Mailing Address

201 4TH ST. NO.
POST OFFICE BOX 491
ST. PETERSBURG FL 33701
US

219-4TH STREET NORTH
POST OFFICE BOX 491
ST PETERSBURG FL 33731

3. Date Incorporated or Qualified
12/12/1969

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

201 4th STREET NORTH

4. FEI Number

59-1282026

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHATZBERG, GLENN E.
219 FOURTH STREET NORTH
ST PETERSBURG FL 33701

81 Name

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

201 FOURTH STREET NORTH

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KLINE, JOHN W.	
STREET ADDRESS	28524 TANGLEWOOD DR.	
CITY - ST - ZIP	WEGLEY CHAPEL FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HARRIS, ROGERS	
STREET ADDRESS	3399 MAPLE STREET, N.E.	
CITY - ST - ZIP	ST PETE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DODD, WILLIAM P.	
STREET ADDRESS	9476 DALOA ST.	
CITY - ST - ZIP	SANIBEL FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCHATZBERG, GLENN E.	
STREET ADDRESS	6924 GREENHILL PLACE	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LECKRONE, W. THOMAS	
STREET ADDRESS	4421 WILD CAT LANE	
CITY - ST - ZIP	NEW PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAGE, RAYMOND	
STREET ADDRESS	315 BROOKSVILLE AVE	
CITY - ST - ZIP	BROOKSVILLE FL	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD H. COBBS
1.2 STREET ADDRESS	1734 EAGLES NEST
1.3 CITY - ST - ZIP	BELLEAIR FL 34616
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOHN S. ADLER
2.3 STREET ADDRESS	5910 14TH AVE N.W.
2.4 CITY - ST - ZIP	NAPLES, FL 33999
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	FREDRICK A. ROBINSON
3.3 STREET ADDRESS	1525 GULF VIEW
3.4 CITY - ST - ZIP	SARASOTA, FL 34236
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)(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:

(Signature typed or printed name of signing officer or director)

GLENN E. SCHATZBERG

1-18-96 (813) 823-2737

Date

Daytime Phone #

CR2E037 (12/95)