

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: 201 4TH ST. NO. POST OFFICE BOX 491 ST. PETERSBURG FL 33701 US
Mailing Address: 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: 21
2a. Mailing Address: 26 201 4th STREET NORTH
22. Suite, Apt. #, etc.: 27
23. City & State: 28
24. Zip: 25 Country: 29

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

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): 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLINE, JOHN W.	1.2 NAME	RICHARD H. COBBS
STREET ADDRESS	28524 TANGLEWOOD DR.	1.3 STREET ADDRESS	1734 EAGLES NEST
CITY - ST - ZIP	WEGLEY CHAPEL FL	1.4 CITY - ST - ZIP	BELLEAIR FL 34616
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, ROGERS	2.2 NAME	JOHN S. ADLER
STREET ADDRESS	3399 MAPLE STREET, N.E.	2.3 STREET ADDRESS	5910 14TH AVE N.W.
CITY - ST - ZIP	ST PETE FL	2.4 CITY - ST - ZIP	NAPLES, FL 33999
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DODD, WILLIAM P.	3.2 NAME	FREDRICK A. ROBINSON
STREET ADDRESS	9476 DALOA ST.	3.3 STREET ADDRESS	1525 GULF VIEW
CITY - ST - ZIP	SANIBEL FL	3.4 CITY - ST - ZIP	SARASOTA, FL 34236
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHATZBERG, GLENN E.	4.2 NAME	
STREET ADDRESS	6924 GREENHILL PLACE	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LECKRONE, W. THOMAS	5.2 NAME	
STREET ADDRESS	4421 WILD CAT LANE	5.3 STREET ADDRESS	
CITY - ST - ZIP	NEW PORT RICHEY FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAGE, RAYMOND	6.2 NAME	
STREET ADDRESS	315 BROOKSVILLE AVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKSVILLE FL	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: Glenn E. Schatzberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GLENN E. SCHATZBERG

Date: 1-18-96 (813) 823-2737
Daytime Phone #

CR2E037 (12/95)