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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

717717

(3)

DIOCESE OF SOUTHWEST FLORIDA INCORPORATED

FILED Jan 17 1997 8:00am Secretary of State



	e of Business	Mailing Address				gibit átáti Bibit Bibit bibit bibit
201 4TH ST. NO		201 4TH ST. N. POST OFFICE BOX 491				
POST OFFICE BOX 491 ST. PETERSBURG FL 33701 US		ST PETERSBURG FL 33731-0491 US			1	
					3. Date Incorporated or Qualified 12/12/1969	3a. Date of Last Report 01/31/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-1282026	Not Applicat	
Suite, Apt.	#, etc. ⊀	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	a a	City & State			& Floring Compaign Financing	
23	,	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	/	8. This corporation has liability for inte	angible tax under s. 199.032,
24	25	29	30			res 🔲 No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Regis	stered Agent
			81	Name		
SCHATZ	BERG, GLENN E.		00	C4	(0.0 B. M M. A	
201 4TH ST. N.			82 Street Address (P.O. Box Number is Not A		dress (P.O. Box Number is Not Acceptable)	
ST PETERSBURG FL 33701			83			·
0.1616	,110DB(10 1 C 00101					
			84	City		FL 85 Zip Code
44 Division	to the averaging of Continue C17.060	00 and 617 1509. Florida Statu	too the show	named or	orporation submits this statement for the pur	
office or r	egistered agent, or both, in the State	e of Florida. Such change was	authorized by	y the corpor	ration's board of directors. I hereby accept t	he appointment as registered
agent. La	m familiar with, and accept the oblig	jations of, Section 617.0503, FI	lorida Statutes	S.		.,
SIGNATURE						
	Signature, typed or printed name of registered ag			ent signature rec	quired when reinstating)	DATE
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	V	X DELETE	1.1 TITLE	l l	LARLY D.	Change Additi
NAME	COBBS, RICHARD H		1.2 NAME		HOOPER LARRY D.	>
STREET ADDRESS	1734 EAGLES NEST		1.3 STREET	f address	· · · · · · · · · · · · · · · · · · ·	
CITY - ST- ZIP	BELLEAIR FL		1.4 CITY - 5		TAMPA , FL 3364	
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NAME	HARRIS, ROGERS	☐ DELETE	2.1 TITLE	ĮF	0	7 Change Addit
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. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this arrunal report or supplemental arrunal 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 of the receiver or trubtee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of spanged or on an attachment with an address!

SIGNATURE

MENATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Prione # 00612