


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90058 019 ****61.25

0066752

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 717717

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 201 4TH ST. N. POST OFFICE BOX 491 ST PETERSBURG FL 33731 US
--	--

107700-00000-10
 DEPARTMENT OF STATE



2. Principal Place of Business 21 8411 25th STREET E.	2a. Mailing Address 26 P.O. Box 763	3. Date Incorporated or Qualified 12/12/1969
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-1282026
23 City & State PARRISH, FL	28 City & State ELLENTON FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 34219 25 Country USA	29 Zip 34222 30 Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent SCHATZBERG, GLENN E. 201 4TH ST. N. ST PETERSBURG FL 33701	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 8411 25th STREET E. 83 84 City PARRISH 85 Zip Code FL 34219
--	--

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: *Glenn E. Schatzberg* **GLENN E. SCHATZBERG, TREASURER** 1-4-99
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOOPER, LARRY D	1.2 NAME	DAGE, RAYMOND E.
STREET ADDRESS	9151 ROCKROSE DR	1.3 STREET ADDRESS	5410 CHARLES ST
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34652-3901
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DODD, WILLIAM P	2.2 NAME	
STREET ADDRESS	9476 Balsa CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL 33957	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADLER, JOHN S	3.2 NAME	
STREET ADDRESS	5910 14TH AVE. N.W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, FREDRICK A	5.2 NAME	
STREET ADDRESS	1525 GULFVIEW	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPSCOMB, JOHN B	6.2 NAME	
STREET ADDRESS	3902 71ST STREET EAST	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	6.4 CITY-ST-ZIP	

14. I 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 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, with all other like empowered.

SIGNATURE: *Glenn E. Schatzberg* **REQUIRE** 1-4-99 941-776-1018
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)