

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90065 008 \*\*\*\*61.25

**DOCUMENT # 717717**

1. Entity Name

**DIOCESE OF SOUTHWEST FLORIDA INCORPORATED**

Principal Place of Business

Mailing Address

8411 25TH ST E  
 PARRISH FL 34219  
 US

PO BOX 763  
 ELLENTON FL 34222  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1282026**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHATZBERG, GLENN E.**  
**8411 25TH ST E**  
**PARRISH FL 34219**

Name **McLaughlin, George F.**  
 Street Address (P.O. Box Number is Not Acceptable)

**8411 25th St. E.**

City **Parrish** **FL** Zip Code **34219**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*George F. McLaughlin*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD**  Delete  
 NAME **CRAWFORD, HAYDEN**  
 STREET ADDRESS **2920 26TH AVE S**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33709**

TITLE **VD**  Change  Addition  
 NAME **Murray, Robin G.**  
 STREET ADDRESS **7489 Oak Tree Lane**  
 CITY-ST-ZIP **Spring Hill, FL 34607**

TITLE **D**  Delete  
 NAME **DAGE, RAYMOND E**  
 STREET ADDRESS **5410 CHARLES ST**  
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652-3901**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S**  Delete  
 NAME **DURNING, MICHAEL**  
 STREET ADDRESS **PO BOX 763**  
 CITY-ST-ZIP **ELLENTON FL 34222**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T**  Delete  
 NAME **SCHATZBERG, GLENN E.**  
 STREET ADDRESS **6924 GREENHILL PLACE**  
 CITY-ST-ZIP **TAMPA FL**

TITLE **T**  Change  Addition  
 NAME **McLaughlin, George F.**  
 STREET ADDRESS **PO Box 763**  
 CITY-ST-ZIP **Ellenton, FL 34222**

TITLE **D**  Delete  
 NAME **PFAFF, DAVID**  
 STREET ADDRESS **696 16TH AVENUE SOUTH**  
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  Delete  
 NAME **LIPSCOMB, JOHN B**  
 STREET ADDRESS **3902 71ST STREET EAST**  
 CITY-ST-ZIP **PALMETTO FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*George F. McLaughlin* **GEORGE F. MCLAUGHLIN** 2/26/02 (941) 776-1018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **X273**

CR2E037 (9/01)