


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 717892 (4) 1. Corporation Name THE DIOCESE OF SOUTHEAST FLORIDA, INC.					
Principal Place of Business % REVERAND CALVIN O. SCHOFIELD, JR. 525 NORTHEAST 15TH STREET MIAMI FL 33132			Mailing Address % REVERAND CALVIN O. SCHOFIELD, JR. 525 NORTHEAST 15TH STREET MIAMI FL 33132-1411		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/14/1970 3a. Date of Last Report 04/08/1996 4. FEI Number 59-1276272 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent STANTON, MR FRED 1111 LINCOLN ROAD MALL - 5TH FLOOR MIAMI BEACH FL 33139			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHOFIELD, CALVIN JR		1.2 NAME		
STREET ADDRESS	525 NE 15TH ST.		1.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL		1.4 CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBB, G. K		2.2 NAME		
STREET ADDRESS	3395 BURNS ROAD		2.3 STREET ADDRESS		
CITY - ST - ZIP	PALM BEACH GARDENS FL		2.4 CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUSTON, TOM		3.2 NAME		
STREET ADDRESS	1001 MANATI AVENUE		3.3 STREET ADDRESS		
CITY - ST - ZIP	CORAL GABLES FL		3.4 CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAID, JOHN		4.2 NAME		
STREET ADDRESS	525 NE 15TH ST		4.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL		4.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		



SIGNATURE:

[Handwritten Signature]

(305) 373-0881

CR2E037 (9/96)