FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 717892 (4)					
THE DIOCESE OF SOUTHEAST FLORIDA, INC.					
Principal Place	of Business	Mailing Address			
S REVERAND CALVIN O. SCHOFIELD. JR. S REVERAND CALVIN O.		SCHOFIELD, JR.			
525 NORTHEAST 15TH STREET 525		525 NORTHEAST 15TH STI			
MIAMI FL 33132		MIAMI FL 33132-1411		3. Date Incorporated or Qualified	3a. Date of Last Report
2 Principal Di	ace of Business	2a. Mailing Address		01/14/1970 4. FEL Number	04/08/1996
21		26		59-1276272	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & Ctate		27 Ch. 8 State			Fee Required
City & State	3	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation has liability for	
24	25	29	30	Florida Statutes	Yes No
	9. Name and Address of Curren	t Registered Agent	01 1	10. Name and Address of New Re	gistered Agent
AT4.17A			81 Name		
STANTON, MR FRED 1111 LINCOL ROAD MALL - 5TH FLOOR				ress (P.O. Box Number is Not Acceptat	ole)
MIAMI BEACH FL 33139					
MICHINI BEROTTE 35105			84 City		ac Zin Codo
			64 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.0508. 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 ages	nt and little if applicable (NOT	t Registered Agent signature requi	red where reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHOFIELD, CALVIN JR		1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	525 NE 15TH ST. MIAMI FL		1.3 STREET ADDRESS 1.4 CHY-ST-ZIP		
TITLE	SD	DELETE	2.1 TITLE		Change Addition
NAME	ROBB, G. K		2.2 NAME		
STREET ADDRESS	3395 BURNS ROAD		2 3 STREET ADDRESS		
CITY-\$1-ZIP	PALM BEACH GARDENS FL		2.4 CHTY - ST - ZIP		
TITLE	TD DUCTON TON	[_] DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	HUSTON, TOM 1001 Manati Avenue		3.2 NAME 3.3 STREE1 ADDRESS		
CITY+ST-ZIP	CORAL GABLES FL		3.4. CITY - ST- ZIP		
TITLE	VD	DELETE	4.1 TITLE		☐ Change ☐ 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		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5,4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		<u></u>	62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			G.4 CITY - ST - ZIP		
14 I do heret	w certify that the information complier	d with this filing does not quali	fy for the exemption state	d in Section 119 07(3Vi). Florida Statute	e I further certify that the

4. To nereby cermy that the information supplied with this thing does not qualify for the exemption stated in Section 119.07(3)(j), 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 Chapter, or on, or attachment, with an address.

CICNATURE. 7/7

(2013) 373-088

FILED

Jan 30 1997 8:00am

Secretary of State