


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

**FILED**  
**Feb 15, 1999 8:00am**  
**Secretary of State**

02-15-1999 90033 035 \*\*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 717892</b> 1. Corporation Name <b>THE DIOCESE OF SOUTHEAST FLORIDA, INC.</b>		
Principal Place of Business	Mailing Address	
% REVERAND CALVIN O. SCHOFIELD, JR. 525 NORTHEAST 15TH STREET MIAMI FL 33132	% REVERAND CALVIN O. SCHOFIELD, JR. 525 NORTHEAST 15TH STREET MIAMI FL 33132	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	01/14/1970
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1276272
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	28	<b>\$8.75 Additional Fee Required</b>
Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
24	29	<b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
STANTON, MR FRED 1111 LINCOL ROAD MALL - 5TH FLOOR MIAMI BEACH FL 33139		81 Name
		82 Street Address (P.O. Box Number is Not Acceptable)
		83
		84 City
		85 Zip Code
		FL

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		(NOTE: Registered Agent signature required when reinstating)		DATE
Signature, typed or printed name of registered agent and title if applicable.				
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, GEOFFREY	2.2 NAME		
STREET ADDRESS	2250 SW 31 AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD	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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD	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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		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		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Calvin O. Schofield, Jr.* **REQUIRED** *20 January 1999* Date Daytime Phone #

CR2E037 (11/98)