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May 16 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 735599 (3)

1. Corporation Name

THE CATHEDRAL BOOKSTORE OF ST. PETERS CATHEDRAL,  
INC.

Principal Place of Business

Mailing Address

1404TH ST N  
ST PETERSBURG FL 33701136 4TH STREET NORTH  
ST PETERSBURG FL 33701-3807  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CYNTHIA C. CAMPBELL  
136 4TH STREET NORTH  
ST. PETERSBURG FL 33701

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

CYNTHIA C. CAMPBELL - MANAGER

Cynthia C. Campbell

4-24-97

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 P  
NAME CAMPBELL, RAYMOND R  
STREET ADDRESS 5104 JASMINE CIRCLE NORTH  
CITY - ST - ZIP ST. PETERSBURG FL1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
ST. PETERSBURG, FL 33701TITLE D  
NAME BECK, CHARLES E  
STREET ADDRESS 1656 MANOR WAY SOUTH  
CITY - ST - ZIP ST. PETERSBURG FL2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
ST. PETERSBURG, FL 33701TITLE D  
NAME COLLINS, WILLIAM T  
STREET ADDRESS 400 2ND AVE. N.E. #14  
CITY - ST - ZIP ST. PETERSBURG FL3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
ST. PETERSBURG, FL 33703TITLE V  
NAME WHITLOCK, PAULETTE  
STREET ADDRESS 129 -14TH AVE N  
CITY - ST - ZIP ST PETERSBURG FL4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
ST. PETERSBURG, FL 33714TITLE ST  
NAME THOMAS, JOHN W  
STREET ADDRESS 1719 SHORE ACRES BLVD NE  
CITY - ST - ZIP ST. PETERSBURG FL5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIPTITLE D  
NAME JOHNSON, MICHAEL  
STREET ADDRESS 12515 AVENUE 7000 131ST ST. N.  
CITY - ST - ZIP ST PETERSBURG FL SEMINOLE, FL 337966.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE: RAYMOND R. CAMPBELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97 1-813-527-3431

Date

Daytime Phone # 0049659

CR2E037 (9/96)