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May 27 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 # 756600 (3)

1. Corporation Name

FREE CATHOLIC DIOCESE OF ST. PAUL THE APOSTLE, I NC.



Principal Place of Business

Mailing Address

1100 CLEVELAND ST
STE #1102
CLEARWATER FL 34615
US

P.O. BOX 3454, N/A
CLEARWATER FL 34630-8454
US

3. Date Incorporated or Qualified
03/03/1981

3a. Date of Last Report
05/15/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-2067261

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing

\$5.00 May Be Added to Fees

23 Zip

25 Country

28 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

MILNER, MACLIN R JR
1470 LAURA ST
CLEARWATER FL 34615

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 DELETE
NAME MILNER, MACLIN R JR
STREET ADDRESS 1470 LAURA ST
CITY - ST - ZIP CLEARWATER FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE D DELETE
NAME JOYAL PATRICIA
STREET ADDRESS 476 18TH ST SW
CITY - ST - ZIP VERO BEACH FL

2.1 TITLE Change Addition
2.2 NAME PATRICIA JOYAL
2.3 STREET ADDRESS 3108 DUPONT ST. S.
2.4 CITY - ST - ZIP GULFPORT, FL 33707

TITLE VSTD DELETE
NAME MILNER, MARIA E
STREET ADDRESS 1470 LAURA ST
CITY - ST - ZIP CLEARWATER FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE D DELETE
NAME MCBRIDE, IOA
STREET ADDRESS 906 ELDRIDGE ST
CITY - ST - ZIP CLEARWATER FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE D DELETE
NAME MYERS, BARBARA
STREET ADDRESS 8325 BAY POINT DRIVE
CITY - ST - ZIP TAMPA FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
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: *Maclin R. Milner, Jr.* (MACLIN R. MILNER, JR.) 5/1/97 (813) 446-9319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0067602

CR2E037 (9/96)