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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 756600

1. Corporation Name

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

Principal Place of Business

1400 CLEVELAND ST  
STE #1102  
CLEARWATER FL 34615  
US

Mailing Address

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



2. Principal Place of Business

21 1470 LAURA STREET

Suite, Apt. #, etc.

22

City & State

23 CLEARWATER FLORIDA

Zip

24 33755

Country

25 US

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

3. Date Incorporated or Qualified

03/03/1981

4. FEI Number

59-2067261

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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  
33755

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

TITLE PD  DELETE

NAME MILNER, MACLIN R JR

STREET ADDRESS 1470 LAURA ST

CITY-ST-ZIP CLEARWATER FL

TITLE D  DELETE

NAME JOYAL, PATRICIA

STREET ADDRESS 3108 DUPONT ST S.

CITY-ST-ZIP GULFPORT FL

TITLE VSTD  DELETE

NAME MILNER, MARIA E

STREET ADDRESS 1470 LAURA ST

CITY-ST-ZIP CLEARWATER FL

TITLE D  DELETE

NAME MCBRIDE, IDA

STREET ADDRESS 906 ELDRIDGE ST

CITY-ST-ZIP CLEARWATER FL

TITLE D  DELETE

NAME MYERS, BARBARA

STREET ADDRESS 8325 BAY POINT DRIVE

CITY-ST-ZIP TAMPA FL

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP  Change  Addition

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP  Change  Addition

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP  Change  Addition

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP  Change  Addition

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP  Change  Addition

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

*Maclin R. Jr. Milner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-12-99 (727) 446-9319

Date

Daytime Phone #

CR2E037 (1/198)