

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 756600

**FILED**  
**Sep 07, 2004**  
**Secretary of State**

**Entity Name:** FREE CATHOLIC DIOCESE OF ST. PAUL THE APOSTLE, INC.

**Current Principal Place of Business:**

4472 PATRIOT CANNON ST  
NORTH LAS VEGAS, NV 89031 US

**New Principal Place of Business:**

4836 DRIFT TIDE DRIVE  
NEW PORT RICHEY, FL 34652 US

**Current Mailing Address:**

P.O. BOX 3454, N/A  
CLEARWATER, FL 33755 US

**New Mailing Address:**

P.O. BOX 3454, N/A  
CLEARWATER, FL 33767 US

**FEI Number:** 59-2067261      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCBRIDE, IDA  
906 ELDRIDGE ST  
CLEARWATER, FL 33755 US

**Name and Address of New Registered Agent:**

MILNER, MACLIN R  
4836 DRIFT TIDE DRIVE  
NEW PORT RICHEY, FL 34652 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MACLIN R/      09/07/2004  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MILNER, MACLIN R JR,  
Address: 4472 PATRIOT CANNON ST  
City-St-Zip: NORTH LAS VEGAS, NV 89031

Title: D ( ) Delete  
Name: MCBRIDE, IDA,  
Address: 906 ELDRIDGE ST  
City-St-Zip: CLEARWATER, FL

Title: VSTD ( ) Delete  
Name: MYERS, BARBARA  
Address: 8325 BAY POINT DRIVE  
City-St-Zip: TAMPA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MILNER, MACLIN R JR,  
Address: 4836 DRIFT TIDE DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MACLIN R. MILNER, JR.      PD      09/07/2004  
Electronic Signature of Signing Officer or Director      Date