## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#756600** 

FILED Jun 14, 2005 Secretary of State

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

**Current Principal Place of Business:** New Principal Place of Business:

4836 DRIFT TIDE DRIVE 519 WILDWOOD WAY

NEW PORT RICHEY, FL 34652 US

CLEARWATER, FL 33756 US

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 3454, N/A P.O. BOX 3454

CLEARWATER, FL 33767 US CLEARWATER, FL 33767 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MILNER, MACLIN R MILNER, MACLIN R 4836 DRIFT TIDE DRIVE 519 WILDWOOD WAY

NEW PORT RICHEY, FL 34652 US CLEARWATER, FL 33756 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: 06/14/2005

Date

Electronic Signature of Registered Agent

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

( ) Delete (X) Change ( ) Addition MILNER, MACLIN R JR, MILNER, MACLIN R JR Name: Name:

Address: 4836 DRIFT TIDE DRIVE Address: 519 WILDWOOD WAY City-St-Zip: NEW PORT RICHEY, FL 34652 City-St-Zip: CLEARWATER, FL 33756

Title: () Delete Title: **VSTD** (X) Change ( ) Addition Name: MCBRIDE, IDA, Name: CHAMPLIN, SUZANNE E

Address: 906 ELDRIDGE ST Address: 1470 LAURA ST.

City-St-Zip: CLEARWATER, FL City-St-Zip: CLEARWATER, FL 33755

Title: VSTD () Delete Title: (X) Change ( ) Addition GRESOV, CHRISTOPHER MYERS, BARBARA Name: Name:

8325 BAY POINT DRIVE 282 ELMIRA PL. NE #2 Address: Address: City-St-Zip: TAMPA, FL City-St-Zip: ATLANTA, GA 30307

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 06/14/2005