

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756600

FILED
May 18, 2006
Secretary of State

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

Current Principal Place of Business:

519 WILDWOOD WAY
A
CLEARWATER, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3454
CLEARWATER, FL 33767 US

New Mailing Address:

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:

MILNER, MACLIN R
519 WILDWOOD WAY
A
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

MILNER, MACLIN R JR
519 WILDWOOD WAY
A
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: MACLIN R MILNER JR

05/18/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MILNER, MACLIN R JR
Address: 519 WILDWOOD WAY
City-St-Zip: CLEARWATER, FL 33756

Title: VSTD () Delete
Name: CHAMPLIN, SUZANNE E
Address: 1470 LAURA ST.
City-St-Zip: CLEARWATER, FL 33755

Title: D () Delete
Name: GRESOV, CHRISTOPHER
Address: 282 ELMIRA PL. NE #2
City-St-Zip: ATLANTA, GA 30307

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 Chapter 119, 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

05/18/2006

Electronic Signature of Signing Officer or Director

Date