## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#756600** 

FILED Feb 04, 2009 Secretary of State

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

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

519 WILDWOOD WAY

300 FEATHER TREE DRIVE

# A

CLEARWATER, FL 33765 US

CLEARWATER, FL 33756 US

Current Mailing Address: New Mailing Address:

P.O. BOX 3454

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: Name and Address of New Registered Agent:

MILNER, MACLIN R JR
519 WILDWOOD WAY

# A

MILNER, MACLIN R JR
300 FEATHER TREE DRIVE
CLEARWATER, FL 33765 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: 02/04/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:PD () DeleteTitle:PD (X) Change () AdditionName:MILNER, MACLIN R JRName:MILNER, MACLIN R JRAddress:519 WILDWOOD WAYAddress:300 FEATHER TREE DRIVECity-St-Zip:CLEARWATER, FL 33765City-St-Zip:CLEARWATER, FL 33765

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition Name: CHAMPLIN, SUZANNE E Name: CHAMPLIN, SUZANNE E

Address: 1470 LAURA ST. Address: 300 FEATHER TREE DRIVE
City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: CLEARWATER, FL 33755

Title: TD () Delete Title: () Change () Addition

 Name:
 SILVA, DENISSE
 Name:

 Address:
 6920 CHAROLETTE HARBOR WAY
 Address:

 City-St-Zip:
 TAMPA, FL 33625
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 HILBERTH, AGNES A
 Name:

 Address:
 2700 BAYSHORE BLVD.
 #493
 Address:

 City-St-Zip:
 DUNEDIN, FL 34698
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 02/04/2009