

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91317 023 ****61.25

DOCUMENT # 756600

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

Principal Place of Business
**1470 LAURA STREET
CLEARWATER FL 33755
US**

Mailing Address
**P.O. BOX 3454
CLEARWATER FL 33755
US**

2. Principal Place of Business
4472 PATRIOT CANNON ST.

3. Mailing Address
P.O. BOX 3454

City & State
NORTH LAS VEGAS, NEVADA

City & State
CLEARWATER, FLORIDA

Zip
89031

Country
USA

Zip
33767

Country
USA

4. FEI Number **59-2067261**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MILNER, MACLIN R JR
1470 LAURA ST
CLEARWATER FL 34615**

7. Name and Address of New Registered Agent
Name: **IDA MCBRIDE**
Street Address (P.O. Box Number is Not Acceptable): **906 ELDRIDGE ST.**
City: **CLEARWATER** FL Zip Code: **33755**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *IDA MCBRIDE* **IDA MCBRIDE** DATE: **4/25/2003**



CHECK HERE IF MAKING CHANGES

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	<input type="checkbox"/> Delete	TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILNER, MACLIN R JR		NAME MILNER, MACLIN R. JR.	
STREET ADDRESS 1470 LAURA ST		STREET ADDRESS 4472 PATRIOT CANNON ST.	
CITY-ST-ZIP CLEARWATER FL		CITY-ST-ZIP NORTH LAS VEGAS, NEVADA 89031	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCBRIDE, IDA		NAME	
STREET ADDRESS 906 ELDRIDGE ST		STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL		CITY-ST-ZIP	
TITLE VSTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MYERS, BARBARA		NAME	
STREET ADDRESS 8325 BAY POINT DRIVE		STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *MACLIN R. MILNER, JR.* **MACLIN R. MILNER, JR.** DATE: **4/25/03** (702)655-8214

CR2E037 (10/02)