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Feb 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 804161 (8)

1. Corporation Name

THE CATHOLIC SOCIETY OF RELIGIOUS AND LITERARY EDUCATION

Principal Place of Business

Mailing Address

500 S. JEFFERSON DAVIS PKWY  
NEW ORLEANS LA 70119500 S. JEFFERSON DAVIS PKWY  
NEW ORLEANS LA 70119-71283. Date Incorporated or Qualified  
09/25/19333a. Date of Last Report  
01/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

72-6017915

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRADLEY, JAMES P REV.  
4701 N. HIMES AVE  
TAMPA FL 33614-3694

81 Name

Doyle, Joseph F. Rev.

82 Street Address (P.O. Box Number is Not Acceptable)

4701 N. HIMES AVENUE

83

84 City

TAMPA

FL

85 Zip Code

33614-3694

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TO  
NAME LUNDIN, LAWRENCE J  
STREET ADDRESS 500 S. JEFFERSON DAVIS PKWY  
CITY-ST-ZIP NEW ORLEANS LA 70119-71921.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE SD  
NAME RATCHFORD, ROBERT J  
STREET ADDRESS 6363 ST. CHARLES AVENUE  
CITY-ST-ZIP NEW ORLEANS LA 701182.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE VD  
NAME ARMSTRONG, JOHN F  
STREET ADDRESS 6363 ST. CHARLES AVENUE  
CITY-ST-ZIP NEW ORLEANS FL 701183.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE D  
NAME MARTIN, DONALD J  
STREET ADDRESS 2901 S. CARROLLTON AVE  
CITY-ST-ZIP NEW ORLEANS LA4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP 70118TITLE PD  
NAME ARROYO, EDWARD B  
STREET ADDRESS 6363 ST. CHARLES AVE  
CITY-ST-ZIP NEW ORLEANS LA5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP P D  
Bradley, James P. Rev.  
6363 St. Charles Avenue  
New Orleans, LA 70119TITLE D  
NAME REMICH, JOSEPH J  
STREET ADDRESS 4133 BANKS ST  
CITY-ST-ZIP NEW ORLEANS LA6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP 70119

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. LUNDIN, J. J.

Jan. 20, 1997

(504) 821-0334

Date

Daytime Phone # 0076077

CR2E037 (9/96)