

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA 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 500 S. JEFFERSON DAVIS PKWY NEW ORLEANS LA 70119	Mailing Address 500 S. JEFFERSON DAVIS PKWY NEW ORLEANS LA 70119
--	--

3. Date Incorporated or Qualified 09/25/1933		
4. FEI Number 72-6017915	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	30
---	--	----

9. Name and Address of Current Registered Agent

DOYLE, JOSEPH F
4701 N HIMES AVE
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 FL 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	LUNDIN, LAWRENCE J	
STREET ADDRESS	500 S. JEFFERSON DAVIS PKWY	
CITY-ST-ZIP	NEW ORLEANS LA 70119-7192	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RATCHFORD, ROBERT J	
STREET ADDRESS	6363 ST. CHARLES AVENUE	
CITY-ST-ZIP	NEW ORLEANS LA 70118	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ARMSTRONG, JOHN F	
STREET ADDRESS	6363 ST. CHARLES AVENUE	
CITY-ST-ZIP	NEW ORLEANS FL 70118	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTIN, DONALD J	
STREET ADDRESS	2901 S. CARROLLTON AVE	
CITY-ST-ZIP	NEW ORLEANS LA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRADLEY, REV JAMES P	
STREET ADDRESS	6363 ST CHARLES AVE	
CITY-ST-ZIP	NEW ORLEANS LA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REMICH, JOSEPH J	
STREET ADDRESS	4133 BANKS ST	
CITY-ST-ZIP	NEW ORLEANS LA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Martin, Donald J.
4.3 STREET ADDRESS	500 S. Jefferson Davis Pkwy.
4.4 CITY-ST-ZIP	New Orleans, LA 70119-7192
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: Lawrence J. Lundin, S.J. 504-821-0334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)