


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90066 024 ****61.25

DOCUMENT # 804161 1. Entity Name THE CATHOLIC SOCIETY OF RELIGIOUS AND LITERARY EDUCATION					
Principal Place of Business 500 S. JEFFERSON DAVIS PKWY NEW ORLEANS, LA 70119 7102				Mailing Address 500 S. JEFFERSON DAVIS PKWY NEW ORLEANS, LA 70119 7192	
2. Principal Place of Business 710 Baronne St. Suite, Apt. #, etc. Suite B City & State New Orleans, LA Zip 70113		3. Mailing Address 710 Baronne Street Suite, Apt. #, etc. Suite B City & State New Orleans, LA Zip 70113		4. FEI Number 72-6017915 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOYLE, JOSEPH F 4701 N HIMES AVE TAMPA, FL 33614				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	TD LUNDIN, LAWRENCE J <input type="checkbox"/> Delete 500 S. JEFFERSON DAVIS PKWY NEW ORLEANS, LA 701197192		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lundin, Lawrence J. 710 Baronne St., Suite B New Orleans, LA 70113	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS DEUTSCH, PAUL <input type="checkbox"/> Delete 4133 BANKS STREET NEW ORLEANS, LA 70119		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSTINI, ANTHONY H <input type="checkbox"/> Delete 5858 HIGHWAY 44 CONVENT, LA 707230089		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERT, JAMES L <input type="checkbox"/> Delete 1321 EL PASO STREET SAN ANTONIO, TX 78207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lambert, James L. 174 Church St., (P.O. Box A) Grand Coteau, LA 70541	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAMMER, ALFRED C <input type="checkbox"/> Delete 1575 CALHOUN ST NEW ORLEANS, LA 70118		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROUSSARD, WARREN J <input type="checkbox"/> Delete 313 E MARTIN LUTHER KING ST GRAND COTEAU, LA 70541		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Lawrence J. Lundin, Jr.</u> LAWRENCE J. LUNDIN, JR. <u>2/13/06</u> <u>337-662-1098</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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