


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 804161</b>	
1. Entity Name <b>THE CATHOLIC SOCIETY OF RELIGIOUS AND LITERARY EDUCATION</b>	

Principal Place of Business <b>710 BARONNE ST STE. B NEW ORLEANS, LA 70113</b>	Mailing Address <b>710 BARONNE ST STE. B NEW ORLEANS, LA 70113</b>
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DO NOT WRITE IN THIS SPACE



01152007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>72-6017915</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DOYLE, JOSEPH F  
4701 N HIMES AVE  
TAMPA, FL 33614**

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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 reinstalling) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUNDIN, LAWRENCE J 710 BARONNE ST., STE. B NEW ORLEANS, LA 70113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS DEUTSCH, PAUL 4133 BANKS STREET NEW ORLEANS, LA 70119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSTINI, ANTHONY H 5858 HIGHWAY 44 CONVENT, LA 707230089
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 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 1575 CALHOUN ST NEW ORLEANS, LA 70118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROUSSARD, WARREN J 313 E MARTIN LUTHER KING ST GRAND COTEAU, LA 70541

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U00000593136  
01/22/07-80018-014 61.25

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:**  **LAWRENCE J. LUNDIN, J.T.** 1/17/2007 504-571-1455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #