

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90021 011 ****61.25

DOCUMENT # 804161 1. Entity Name THE CATHOLIC SOCIETY OF RELIGIOUS AND LITERARY EDUCATION					
Principal Place of Business 710 BARONNE ST STE. B NEW ORLEANS, LA 70113			Mailing Address 710 BARONNE ST STE. B NEW ORLEANS, LA 70113		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 72-6017915	
70113-1064		70113-1064		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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 710 BARONNE ST., STE. B NEW ORLEANS, LA 70113 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS DEUTSCH, PAUL 4133 BANKS STREET NEW ORLEANS, LA 70119 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-Pres., Secretary Fitzgerald, Raymond R. 4133 Banks Street, New OrL. LA 70118 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSTINI, ANTHONY H 5858 HIGHWAY 44 CONVENT, LA 707230089 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Sec. Director Broussard, Warren J. 6220 LaSalle Pl., New Orleans LA 70118 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERT, JAMES L 174 CHURCH ST. (P.O. BOX A) GRAND COTEAU, LA 70541 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Thibodeaux, Mark E. 313 E. MLK Drive Grand Coteau, LA 70541 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAMMER, ALFRED C 1575 CALHOUN ST NEW ORLEANS, LA 70118 <input type="checkbox"/> Delete		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 343 E MARTIN LUTHER KING ST. GRAND COTEAU, LA 70541 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Louis, Mark A. 4000 Dauphin Street Mobile, AL 36608-1791 <input type="checkbox"/> Change <input checked="" 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, J.T.</u> LAWRENCE J. LUNDIN, J.T. <u>1/8/2008</u> <u>504-571-1055</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					