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Jan 27, 1999 8:00am  
Secretary of State

01-27-1999 90037 005 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 821098

1. Corporation Name

THE SOCIETY OF THE ROMAN CATHOLIC CHURCH OF THE  
DIOCESE OF LAFAYETTE

Principal Place of Business

ATTN: MARY B. PARKER  
P O BOX 3387  
LAFAYETTE LA 70502-2298

Mailing Address

ATTN: MARY B. PARKER  
P O BOX 3387  
LAFAYETTE LA 70502-2298

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1968

4. FEI Number

72-0437696

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

KIESEL, THOMAS F.  
THE SOCIETY OF THE ROMAN CATHOLIC CHURCH OF THE  
DIOCESE OF LAFAYETTE  
2121 MCGREGOR BLVD  
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

TITLE S ☐ DELETE

NAME LARROQUE, ALEXANDER (REV)  
STREET ADDRESS 1408 CARMEL AVENUE  
CITY-ST-ZIP LAFAYETTE LA

TITLE P ☐ DELETE

NAME O'DONNELL, EDWARD J. (MOS)  
STREET ADDRESS 1408 CARMEL AVENUE  
CITY-ST-ZIP LAFAYETTE LA

TITLE D ☐ DELETE

NAME PARKER, MARY B  
STREET ADDRESS 1408 CARMEL AVENUE  
CITY-ST-ZIP LAFAYETTE LA

TITLE TC ☐ DELETE

NAME VALONI, JOANNA (SISTER)  
STREET ADDRESS 1408 CARMEL AVENUE  
CITY-ST-ZIP LAFAYETTE LA

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas F. Kiesel* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)