

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 821098**

1. Entity 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**



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**72-0437696**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**KIESEL, THOMAS F.  
2121 MCGREGOR BLVD.  
FT. MYERS, FL 33901**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
JARRELL, CHARLES M  
1408 CARMEL AVE  
LAFAYETTE, LA**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000009705  
01/22/04-80001-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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 607, 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:**

**MARY B. PARKER**

01 20 04

(337) 261-5629

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR