

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**  
**95 FEB 23 PM 1:56**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # C10363 (5)**

1. Corporation Name

**CATHOLIC DAUGHTERS OF AMERICA, COURT SAINT AUGUSTINE, NUMBER TWENTY-THREE**

Principal Place of Business

Mailing Address

**124 KING ST.  
ST. AUGUSTINE FL 32084**

**124 KING ST.  
ST. AUGUSTINE FL 32084**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/01/1992**

3a. Date of Last Report

**03/09/1994**

4. FEI Number

**59-6145599**

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**

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

☒

**\$68.75 Supplemental  
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

**21 Suite, Apt. #, etc.**

**26 Suite, Apt. #, etc.**

**22 City & State**

**27 City & State**

**23 Zip Country**

**28 Zip Country**

**24 25**

**29 30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MASTERS, CLEO  
3000 USINA RD  
ST AUGUSTINE FL 32095**

**81 Name**

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

**83**

**84 City**

**FL**

**85 Zip Code**

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

*Cleo Masters*  
Signature, typed or printed name of registered agent, if applicable.

*Cleo Masters, Regent*  
(NOTE: Registered Agent signature required when forfisting)

DATE

**2/20/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE R  
NAME MASTERS, CLEO  
STREET ADDRESS 3000 USINA RD.  
CITY - ST - ZIP ST AUGUSTINE FL 32095**

**1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**TITLE VR  
NAME COLEE, MARIE C.  
STREET ADDRESS 44 BAY VIEW DR.  
CITY - ST - ZIP ST AUGUSTINE FL 32095**

**2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**TITLE SR  
NAME WEBB, JEAN  
STREET ADDRESS 248 ESTRADA AVE.  
CITY - ST - ZIP ST AUGUSTINE FL 32095**

**3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**TITLE SR  
NAME FAVREAU, CATHY  
STREET ADDRESS AVENUE D  
CITY - ST - ZIP ST AUGUSTINE FL 32095**

**4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**TITLE TR  
NAME FOSTER, HELEN  
STREET ADDRESS 4552 3RD AVE  
CITY - ST - ZIP ST AUGUSTINE FL 32095**

**5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP**

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Cleo S. Masters*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Cleo S. Masters*  
(Date)

DATE

**2/20/95 904-824-9225**  
(Daytime Phone)