

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F51490** (3)

1. Corporation Name

DIOCESAN PUBLICATIONS, INC.

Principal Place of Business

Mailing Address

200 ALDEN RD
BOX 4898
ORLANDO FL 32803-1459
US

200 ALDEN RD
BOX 4898
ORLANDO FL 32802-3189
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/28/1981** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2199978** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 2000 Alden Road

26 2000 Alden Road

Suite, Apt. #, etc

Suite, Apt. #, etc.

22 City & State
23 Orlando, FL

27 City & State
28 Orlando, FL

24 Zip
32803-1459

25 Country
Orange

29 Zip
32803-1459

30 Country
Orange

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZIELKE, ROBERT A SR
6923 UNIVERSITY BLVD
WINTER PARK FL 32792

81 Name **ZIELKE, ROBERT A. SR.**
82 Street Address (P.O. Box Number is Not Acceptable)
2000 Alden Road
83
84 City **Orlando** 85 Zip Code **FL 32803-1459**

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALANT, CARL J.	12 NAME	
STREET ADDRESS	8416 N INTERREG HWY IH35	13 STREET ADDRESS	Austin, TX 78753 (added zip)
CITY - ST - ZIP	AUSTIN TX	14 CITY - ST - ZIP	
TITLE	VC	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZIELKE, ROBERT A SR.	22 NAME	
STREET ADDRESS	6690 N.W. 67TH PLACE	23 STREET ADDRESS	Parkland, FL 33067 (added zip)
CITY - ST - ZIP	PARKLAND FL	24 CITY - ST - ZIP	
TITLE	T	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARSULOWICZ, THOMAS E.	32 NAME	Zielke, Robert A., Jr.
STREET ADDRESS	8572 BUTTERNUT BLVD.	33 STREET ADDRESS	690 Osceola Ave., # 304
CITY - ST - ZIP	ORLANDO FL	34 CITY - ST - ZIP	Winter Park, FL 32789
TITLE	S	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARSULOWICZ, CARLA A.	42 NAME	
STREET ADDRESS	8572 BUTTERNUT BLVD.	43 STREET ADDRESS	Orlando, FL. 32817-1319 (added zip)
CITY - ST - ZIP	ORLANDO FL	44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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 119.07(3)(g), 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

SIGNATURE: Carla A. Arsulowicz Carla A. Arsulowicz -S- 04/25/95 (407) 897-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration Period