

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F51490** (3)

1. Corporation Name

**DIOCESAN PUBLICATIONS, INC.**



Principal Place of Business

Mailing Address

200 ALDEN RD  
ORLANDO FL 32803-1459  
US

200 ALDEN RD  
ORLANDO FL 32803-1459  
US

3. Date Incorporated or Qualified  
**10/28/1981**

3a. Date of Last Report  
**04/28/1995**

2. Principal Place of Business

2a. Mailing Address

21 2000 Alden Rd.

26 2000 Alden Rd.

4. FEI Number  
**59-2199978**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Orlando, FL

28 Orlando, FL

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 32803-1459 25 Orange

29 32803-1459 30 Orange

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

ZIELKE, ROBERT A SR  
2000 ALLEN ROAD  
ORLANDO FL 32803

81 Name  
**Zielke, Robert A., Sr**

82 Street Address (P.O. Box Number is Not Acceptable)  
**Correct to: 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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  DELETE  
NAME GALANT, CARL J.  
STREET ADDRESS 8416 N INTERREG HWY IH35  
CITY-ST-ZIP AUSTIN TX

TITLE VC  DELETE  
NAME ZIELKE, ROBERT A SR.  
STREET ADDRESS 6890 N.W. 67TH PLACE  
CITY-ST-ZIP PARKLAND FL

TITLE T  DELETE  
NAME ZIELKE, ROBERT A. J.A.  
STREET ADDRESS 690 OSCEOLA AVE., #304  
CITY-ST-ZIP WINTER PARK FL

TITLE S  DELETE  
NAME ARSULOWICZ, CARLA A.  
STREET ADDRESS 8572 BUTTERNUT BLVD.  
CITY-ST-ZIP ORLANDO FL

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

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP  Change  Addition

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP  Change  Addition

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP  Change  Addition

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP  Change  Addition

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP  Change  Addition

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

Robert A. Zielke Jr 3-7-96

(407) 897-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (12/95)