

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F92000000927 (5)

1. Corporation Name

CONFERENCE FOR PASTORAL PLANNING & COUNCIL DEVELOPMENT, INC.



Principal Place of Business

Mailing Address

625 CLEVELAND ST
CLEARWATER FL 34615

625 CLEVELAND ST
CLEARWATER FL 34615

3. Date Incorporated or Qualified
12/15/1992

3a. Date of Last Report
02/09/1995

2. Principal Place of Business

2a. Mailing Address

21 **627 Cleveland St**

26 **627 Cleveland St**

4. FEI Number

22-3803809

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

CLEARWATER, FL

CLEARWATER

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

34615

FL

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

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEEGAN, ARTHUR X III
625 CLEVELAND STREET
CLEARWATER FL 34615**

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 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURKE, ROBERT J	1.2 NAME	KATHLEEN TURLEY
STREET ADDRESS	328 W KELLOGG BLVD	1.3 STREET ADDRESS	40 NO MAIN AVE
CITY - ST - ZIP	ST PAUL MN	1.4 CITY - ST - ZIP	ALBANY, NY. 12203
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MULPETERS, PATRICIA	2.2 NAME	MARIAN SCHWAB
STREET ADDRESS	P O BOX 58008 NA	2.3 STREET ADDRESS	PO BOX 9077
CITY - ST - ZIP	SANTA CLARA CA	2.4 CITY - ST - ZIP	HOUMA, LA. 70361
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUNEZ, EDWARD	3.2 NAME	
STREET ADDRESS	1001 N GRAND AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	PUEBLO CO	3.4 CITY - ST - ZIP	
TITLE	VCD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VCD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICKARD, PATRICIA SND	4.2 NAME	JEFF REKHAUSEN
STREET ADDRESS	1027 SUPERIOR AVE	4.3 STREET ADDRESS	100 E. FR ST.
CITY - ST - ZIP	CLEVELAND OH	4.4 CITY - ST - ZIP	CINCINNATI, OH 45202
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEEGAN, ARTHUR X III	5.2 NAME	
STREET ADDRESS	891 ISLAND WAY	5.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL 34630	5.4 CITY - ST - ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUSTEN, MARY JO	6.2 NAME	PETER BRADLEY
STREET ADDRESS	3218 NORTH 60TH ST	6.3 STREET ADDRESS	1201 E. HIGHLAND AVE
CITY - ST - ZIP	OMAHA NE 68104	6.4 CITY - ST - ZIP	SAN BERNARDINO, CA 92404

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Arthur X Deegan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR X DEEGAN

4/20/96 (813) 461-5000

Date Daytime Phone #

CR2E037 (12/95)