

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004633

FILED
Feb 08, 2007
Secretary of State

Entity Name: CENTER FOR CATHOLIC-JEWISH STUDIES, INC.

Current Principal Place of Business:

SAINT LEO UNIVERSITY
SAINT LEO, FL 33574

New Principal Place of Business:

Current Mailing Address:

JAMES BARRENS
P.O. BOX 6665
SAINT LEO, FL 335746665

New Mailing Address:

THOMAS BUCKRIDGE
P.O. BOX 6665
SAINT LEO, FL 335746665

FEI Number: 31-1798703

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURPHY, DAVID J
14217 THIRD ST.
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: SIEGLER, MORTON
Address: 453 L'AMBIANCE DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: SD () Delete
Name: BUCKRIDGE, THOMAS
Address: 6401 BIRMINGHAM AV.
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: TD () Delete
Name: SPER, PAUL
Address: 4103 STILLWATER TERRACE COURT
City-St-Zip: TAMPA, FL 33618

Title: CD () Delete
Name: SIEGLER, CAROL
Address: 435 L'AMBIANCE DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VC (X) Delete
Name: WHITING, GAIL
Address: 1718 RICHARDSON PLACE
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: WHITING, GAIL
Address: 1718 WEST RICHARDSON PLACE
City-St-Zip: TAMPA, FL 33606

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VC (X) Change () Addition
Name: TAGGART, LINDA
Address: 721 SEDDON COVE WAY
City-St-Zip: TAMPA, FL 33602

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS BUCKRIDGE

SD

02/08/2007

Electronic Signature of Signing Officer or Director

Date