

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004633

FILED  
Mar 13, 2010  
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:**

MICHAEL TKACIK  
P.O. BOX 6665  
SAINT LEO, FL 335746665

**New Mailing Address:**

LINDA TAGGART  
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  
Name: HERNANDEZ, DAVID A PHD  
Address: 37848 BOUGAINVILLEA AVENUE  
City-St-Zip: DADE CITY, FL 33525

Title: SD  
Name: MURPHY, MICHAEL L  
Address: 2311 WEST MORRISON AVE #4  
City-St-Zip: TAMPA, FL 33629

Title: TD  
Name: BREHM, WILLIAM  
Address: 13802 KHILANI COURT  
City-St-Zip: TAMPA, FL 33624

Title: VC  
Name: SPER, PAUL  
Address: 4103 STILLWATER TERRACE COVE  
City-St-Zip: TAMPA, FL 33618

I hereby 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 all other like empowered.

SIGNATURE: DAVID A. HERNANDEZ PHD

CD

03/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date