## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000004633

FILED Jan 04, 2011 Secretary of State

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

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

SAINT LEO UNIVERSITY SAINT LEO, FL 33574

**Current Mailing Address:** 

**New Mailing Address:** 

LINDA TAGGART P.O. BOX 6665 SAINT LEO, FL 335746665 SAINT LEO UNIVERSITY P.O. BOX 6665 - MC2460 SAINT LEO, FL 335746665 US

FEI Number: 31-1798703

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MURPHY, DAVID J 14217 THIRD ST.

DADE CITY, FL 33525 US

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: BUCKRIDGE, THOMAS W Address: 6401 BIRMINGHAM AVE. City-St-Zip: ZEPHYRHILLS, FL 33542

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: THOMAS W. BUCKRIDGE

SD

01/04/2011