

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90042 049 \*\*\*\*61.25

**DOCUMENT # N00261**

1. Entity Name  
**CATHOLIC MEDIA MINISTRY, INC.**



Principal Place of Business

**6363 9TH AVE N  
PO BOX 40200  
ST PETERSBURG FL 33743**

Mailing Address

**6363 9TH AVE N  
PO BOX 40200  
ST PETERSBURG FL 33743**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2357623**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIVITO, JOSEPH A  
4514 CENTRAL AVENUE  
SAINT PETERSBURG FL 33711**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>VD MULDOON, BRENDAN</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>6363 - 9TH AVE. NORTH ST. PETERSBURG FL</b>	
TITLE NAME	<b>T WARD, PAUL A. JR.</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>6363-9TH. AVE. NORTH ST. PETERSBURG FL</b>	
TITLE NAME	<b>VD GIBBONS, ROBERT C.</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>6363 9TH AVE NORTH ST. PETERSBURG FL</b>	
TITLE NAME	<b>C LYNCH, ROBERT N</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>6363-9TH AVENUE NORTH ST. PETERSBURG FL</b>	
TITLE NAME	<b>D DEPTULA, ELIZABETH M</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>6363 9TH AVE N ST PETERSBURG FL 33710</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME	<b>VD WEBER, ALAN</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>(Same address)</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **S. Muldoon** Executive Director-Finance

**4/24/03 727.341 6843**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)