

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000002811

1. Entity Name

**THE MISSIONARY DIOCESE OF SOUTH FLORIDA
(CEEC), INC.**



Principal Place of Business

**20954 SW 85 PASSAGE
MIAMI, FL 33189-3326 US**

Mailing Address

**20954 SW 85 PASSAGE
MIAMI, FL 33189-3326 US**



02232004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

65-1094842

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HOPE, JOHN C
20954 SW 85 PASSAGE
MIAMI, FL 33189**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

**9. Election Campaign Financing
Trust Fund Contribution.**



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

U000000127439
04/23/04-80074-013 70.00

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	HOPE, JOHN C
STREET ADDRESS	20954 SW 85 PASSAGE
CITY - ST - ZIP	MIAMI, FL 331893326
TITLE	D
NAME	MCCLANAHAN, RUSSELL
STREET ADDRESS	4706 VALENE CIR.
CITY - ST - ZIP	MEMPHIS, TN 38141
TITLE	SD
NAME	SAMUEL, JENNIFER
STREET ADDRESS	20954 SW 85TH PASSAGE
CITY - ST - ZIP	MIAMI, FL 33189
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PDT

04/23/04

Date

(305)510-0278

Daytime Phone #