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

5/7

FILED
Jun 04, 2003 8:00 am
Secretary of State

05-07-2003 90180 045 ****61.25

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DOCUMENT # N02000001925

1. Entity Name
DIOCESE OF ST. PETERSBURG, INC.

Principal Place of Business
6363 NINTH AVENUE NORTH
ST. PETERSBURG FL 33710

Mailing Address
6363 NINTH AVENUE NORTH
ST. PETERSBURG FL 33710

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 59-1213195 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
DIVITO, JOSEPH A ESQ.
4514 CENTRAL AVENUE
ST. PETERSBURG FL 33711

7. Name and Address of New Registered Agent
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
PD	LYNCH, ROBERT N REV.	6363 NINTH AVENUE NORTH	ST. PETERSBURG FL 33710	
VD	MULDOON, BRENDAN REV.	6363 NINTH AVENUE NORTH	ST. PETERSBURG FL 33710	
SD	GIBBONS, ROBERT C REV.	6363 NINTH AVENUE NORTH	ST. PETERSBURG FL 33710	
T	DEPTULA, ELIZABETH MRS.	6363 NINTH AVENUE NORTH	ST. PETERSBURG FL 33710	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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 REQUIRED 3/10/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #