

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90094 017 ****61.25

DOCUMENT # N03000010525 1. Entity Name THE DIOCESE OF ST. JOHN THE BELOVED, INC.					
Principal Place of Business 914 W. 131ST AVE. TAMPA, FL 33612			Mailing Address 914 W. 131ST AVE. TAMPA, FL 33612		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 05- APPLIED FOR 0616817	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WRIGHT, BRUCE D REV. 6005 DOC THOMPSON RD PLANT CITY, FL 33565				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)					
Filing Fee is \$61.25 Due by May 1, 2005		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 STREET ADDRESS CITY-ST-ZIP	PD WRIGHT, BRUCE D REV. 6005 DOC THOMPSON RD. PLANT CITY, FL 33565	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WRIGHT, AMANDA D 6003 DOC THOMPSON RD PLANT CITY, FL 33565	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D WRIGHT, JONATHAN C REV. 6003 DOC THOMPSON RD PLANT CITY, FL 33565	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
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: <i>Bruce Wright</i>					
Date 4/28/05 Daytime Phone # 813-933-6225					