

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 06, 2009  
Secretary of State**

DOCUMENT# N03000010525

Entity Name: THE DIOCESE OF ST. JOHN THE BELOVED, INC.

**Current Principal Place of Business:**

914 W. 131ST AVE.  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

914 W. 131ST AVE.  
TAMPA, FL 33612

**New Mailing Address:**

FEI Number: 05-0616817      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WRIGHT, BRUCE D REV.  
6005 DOC THOMPSON RD  
PLANT CITY, FL 33565      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:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: WRIGHT, BRUCE D REV.  
Address: 6005 DOC THOMPSON RD.  
City-St-Zip: PLANT CITY, FL 33565

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD      ( ) Delete  
Name: WRIGHT, AMANDA D  
Address: 6003 DOC THOMPSON RD  
City-St-Zip: PLANT CITY, FL 33565

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP D      ( ) Delete  
Name: WRIGHT, JONATHAN C REV.  
Address: 6003 DOC THOMPSON RD  
City-St-Zip: PLANT CITY, FL 33565

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: AMANDA WRIGHT

STD

05/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date