

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010525

FILED  
May 07, 2012  
Secretary of State

**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 ( )

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

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

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

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:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: AMANDA WRIGHT

STD

05/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date