


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90361 015 \*\*\*\*61.25

<b>DOCUMENT # N04000000282</b> 1. Entity Name <b>THE FLORIDA CATHOLIC, INC.</b>					
Principal Place of Business <b>498 S. LAKE DESTINY ROAD ORLANDO, FL 32810</b>			Mailing Address <b>POST OFFICE BOX 609512 ORLANDO, FL 32860-9512</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>AMERICAN INFORMATION SERVICES, INC. 255 SOUTH ORANGE AVENUE SUITE 1700 ORLANDO, FL 32802</b>				Name <b>Christopher Guntz</b> Street Address (P.O. Box Number is Not Acceptable) <b>498 S. Lake Destiny Rd</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32810</b>	
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 <i>Christopher J. Guntz</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <b>7/22/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DORSEY, NORBERT M		NAME	Wanski, Thomas G	
STREET ADDRESS	POST OFFICE BOX 1800		STREET ADDRESS	PO Box 1800	
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP	Orlando, FL 32801	
TITLE	D <input type="checkbox"/> Delete		TITLE	AP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FAVALORA, JOHN C		NAME	Guntz, Christopher	
STREET ADDRESS	9401 BISCAYNE BLVD.		STREET ADDRESS	498 S. Lake Destiny Rd	
CITY-ST-ZIP	MIAMI SHORES, FL 33138		CITY-ST-ZIP	Orlando, FL 32810	
TITLE	D <input type="checkbox"/> Delete		TITLE		
NAME	BARBARITO, MICHAEL		NAME		
STREET ADDRESS	PO BOX 109650		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LYNCH, ROBERT N		NAME	Robert not Robert	
STREET ADDRESS	PO DRAWER 40200		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 337430200		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHARD, JOHN H		NAME	Richard not Richard	
STREET ADDRESS	POST OFFICE DRAWER 17329		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32522		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEVINS, JOHN J		NAME		
STREET ADDRESS	POST OFFICE BOX 2006		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 342842006		CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>Christopher J. Guntz</i> <b>Christopher J. Guntz</b> <b>7/22/05</b> <b>407-660-9141</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					

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4. FEI Number **20-0653887** Applied For ☐ Not Applicable ☐

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