2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400000282

Entity Name: THE FLORIDA CATHOLIC, INC.

FILED Apr 17, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
498 S. LAKE DESTINY ROAD ORLANDO, FL 32810				50 E. ROBINSON ST. STE. G ORLANDO, FL 32801			
Current Mailing Address:				New Mailing Address:			
POST OFFICE BOX 609512 ORLANDO, FL 328609512				POST OFFICE BOX 4993 ORLANDO, FL 328024993			
FEI Number: 20-0653887 FEI Number Applied For ()			FEI Nun	lumber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
GUNTY, CHRISTOPHER 498 S LAKE DESTINY RD ORLANDO, FL 32810 US				GUNTY, CHRISTOPHER 50 E. ROBINSON ST. STE. G ORLANDO, FL 32801 US			
The above in the State		ubmits this statement for the pu	irpose o	f changing it	s registered o	ffice or regist	ered agent, or both,
SIGNATURE:				04/17/2007			
Electronic Signature of Registered Agent				Date			
OFFICERS	AND DIRECT	ORS:		ADDITION	S/CHANGES	TO OFFICER	RS AND DIRECTORS
Title: Name: Address: City-St-Zip:	D () [WENSKI, THOMA P.O. BOX 1800 ORLANDO, FL 3			Title: Name: Address: City-St-Zip:	()	Change () Add	dition
Title: Name: Address: City-St-Zip:	D ()E FAVALORA, JOH 9401 BISCAYNE MIAMI SHORES,	BLVD.		Title: Name: Address: City-St-Zip:	()	Change () Add	dition
Title: Name: Address: City-St-Zip:	BARBARITO, GE PO BOX 109650	Delete RALD M RDENS, FL 33410		Title: Name: Address: City-St-Zip:	()	Change () Add	dition
Title: Name: Address: City-St-Zip:	LYNCH, ROBERT PO DRAWER 40			Title: Name: Address: City-St-Zip:	()	Change () Add	dition
Title: Name: Address: City-St-Zip:	D ()ERICARD, JOHN HOST OFFICE DPENSACOLA, FL	RAWER 17329		Title: Name: Address: City-St-Zip:	D (X) RICARD, JOHN 11 NORTH B ST PENSACOLA, F	FREET	dition
Title: Name: Address: City-St-Zip:	D ()E NEVINS, JOHN J POST OFFICE B VENICE, FL 342			Title: Name: Address: City-St-Zip:	D (X) DEWANE, FRAI 1000 PINEBRO VENICE, FL 34	OK RD	dition

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS G. WENSKI D 04/17/2007