

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000282

FILED
Jan 07, 2008
Secretary of State

Entity Name: THE FLORIDA CATHOLIC, INC.

Current Principal Place of Business:

50 E. ROBINSON ST.
STE. G
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 4993
ORLANDO, FL 328024993

New Mailing Address:

FEI Number: 20-0653887

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUNTY, CHRISTOPHER
50 E. ROBINSON ST.
STE. G
ORLANDO, FL 32801 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: D () Delete
Name: WENSKI, THOMAS G
Address: P.O. BOX 1800
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: FAVALORA, JOHN C
Address: 9401 BISCAYNE BLVD.
City-St-Zip: MIAMI SHORES, FL 33138

Title: D () Delete
Name: BARBARITO, GERALD M
Address: PO BOX 109650
City-St-Zip: PALM BEAH GARDENS, FL 33410

Title: D () Delete
Name: LYNCH, ROBERT N
Address: PO DRAWER 40200
City-St-Zip: ST. PETERSBURG, FL 337430200

Title: D () Delete
Name: RICARD, JOHN H
Address: 11 NORTH B STREET
City-St-Zip: PENSACOLA, FL 32501

Title: D () Delete
Name: DEWANE, FRANK J
Address: 1000 PINEBROOK RD
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: THOMAS G. WENSKI

D

01/07/2008

Electronic Signature of Signing Officer or Director

Date