# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 16, 2009**
**Secretary of State**

DOCUMENT# N04000000282

**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 | (X) 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 |
| Name: | |
| 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 01/16/2009

Electronic Signature of Signing Officer or Director — Date