

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000204

FILED
Mar 26, 2009
Secretary of State

Entity Name: THE ARCHDIOCESE OF SAINT CHAD, INC

Current Principal Place of Business:

9000 REGENCY SQUARE BLVD
FIRIST FLOOR
JACKSONVILLE, FL 32211

New Principal Place of Business:

P.O. BOX 351087
JACKSONVILLE, FL 32235

Current Mailing Address:

9000 REGENCY SQUARE BLVD
FIRIST FLOOR
JACKSONVILLE, FL 32211

New Mailing Address:

P.O. BOX 351087
JACKSONVILLE, FL 32235

FEI Number: 20-8194672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAVIS, CHARLES T DR.
11152 OAKRIDGE DR. SO.
JACKSONVILLE, FL 32225 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: P () Delete
Name: TRAVIS, CHARLES T DR.
Address: 11152 OAK RIDGE DR. SO.
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP () Delete
Name: THOMSON, ROBERT DR.
Address: 4106 ROGERO RD
City-St-Zip: JACKSONVILLE, FL 32277

Title: VP () Delete
Name: TRAVIS, DEBORAH
Address: 11152 OAK RIDGE DR. SO.
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP () Delete
Name: KENNEDY, GLORIA DR.
Address: 9000 REGENCY SQUARE BLVD
City-St-Zip: JACKSONVILLE, FL 32211

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:

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: CHARLES T. TRAVIS

P

03/26/2009

Electronic Signature of Signing Officer or Director

Date