

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07343

FILED
Apr 17, 2009
Secretary of State

Entity Name: THE JAMES L. DUNCAN CENTER FOR CONTINUING EDUCATION OF THE DIOCESE OF SOUTHEAST FLORIDA, INC.

Current Principal Place of Business:

15820 SOUTH MILITARY TRAIL
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

15820 SOUTH MILITARY TRAIL
DELRAY BEACH, FL 33484

New Mailing Address:

FEI Number: 59-2532017 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WALSH, ALISON M MRS.
15820 S. MILITARY TRAIL
DELRAY BEACH, FL 33484 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: T () Delete
Name: PECARO, SYLVIA MRS.
Address: 13 LAKE EDEN DRIVE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D () Delete
Name: HOBBS, BRYAN VENERAB
Address: 751 SW 98TH AVE.
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D () Delete
Name: SCHOFIELD, CALVIN O RT REV
Address: 8195 SW 151 STREET
City-St-Zip: MIAMI, FL 33158

Title: P () Delete
Name: ANDERSON, BOB
Address: 2609 NE 22ND STREET
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: VP () Delete
Name: WEEKES, LEON
Address: 777 EAST ATLANTIC AVENUE
City-St-Zip: DELRAY BEACH, FL 33483

Title: C (X) Delete
Name: RENAUD, MARY
Address: 1017 BUUCIDA ROAD
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: MOORE, ROBERT MR.
Address: 790 ANDREWS AVE., UNIT 301C
City-St-Zip: DELRAY BEACH, FL 33483

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

Title: S (X) Change () Addition
Name: GURY, KAREN MRS.
Address: 2360 NW 43RD STREET
City-St-Zip: BOCA RATON, FL 33431

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: ALISON WALSH

ED

04/17/2009

Electronic Signature of Signing Officer or Director

Date