

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:25

DOCUMENT # **N11151** (0)

1. Corporation Name

**THE DIOCESE OF PENSACOLA -TALLAHASSEE EDUCATION
FOUNDATION, INC.**

Principal Place of Business

Mailing Address

C/O A.G. CONDON, JR.
30 SOUTH SPRING STREET
PENSACOLA FL 32501

C/O A.G. CONDON, JR.
30 SOUTH SPRING STREET
PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/18/1985**
3a. Date of Last Report: **02/04/1994**

4. FEI Number: **59-2612752**
Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONDON, A.G.,JR.
30 SOUTH SPRING STREET
PENSACOLA FL 32501

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD
NAME	SMITH, JOHN M.
STREET ADDRESS	11 NORTH B STREET
CITY-ST-ZIP	PENSACOLA FL
TITLE	D
NAME	CIANCIOLO, ROSEMARY SR
STREET ADDRESS	11 NORTH B STREET
CITY-ST-ZIP	PENSACOLA FL
TITLE	D
NAME	CONDON, A.G.
STREET ADDRESS	30 SOUTH SPRING ST
CITY-ST-ZIP	PENSACOLA FL
TITLE	D
NAME	REMICH, J. PATRICK
STREET ADDRESS	11 NORTH B STREET
CITY-ST-ZIP	PENSACOLA FL
TITLE	D
NAME	MEEK, WILLIAM R
STREET ADDRESS	11 N B STREET
CITY-ST-ZIP	PENSACOLA FL
TITLE	VD
NAME	BUTLER, SALLY
STREET ADDRESS	40502 6W 144TH PARKWAY
CITY-ST-ZIP	PENSACOLA FL

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

THIS PERSON HAS NEVER
BEEN ASSOCIATED WITH
THIS CORPORATION

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

J. Patrick Remich, D
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/95

904 433 1515

Division 11000