

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified
09/18/1985

3a. Date of Last Report
01/30/1995

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

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**

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **CD**
STREET ADDRESS **SMITH, JOHN M.**
CITY-STATE-ZIP **11 NORTH B STREET
PENSACOLA FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D**
1.3 STREET ADDRESS **Alfred, William**
1.4 CITY-STATE-ZIP **11 North B Street
Pensacola, FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **CIANCIOLO, ROSEMARY SR**
CITY-STATE-ZIP **11 NORTH B STREET
PENSACOLA FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D**
2.3 STREET ADDRESS **Donovan, John**
2.4 CITY-STATE-ZIP **11 North B Street
Pensacola, FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **CONDON, A.G.**
CITY-STATE-ZIP **30 SOUTH SPRING ST
PENSACOLA FL**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D**
3.3 STREET ADDRESS **Emmanuel, Brunie**
3.4 CITY-STATE-ZIP **11 North B Street
Pensacola, FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **REMICH, J. PATRICK**
CITY-STATE-ZIP **11 NORTH B STREET
PENSACOLA FL**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D**
4.3 STREET ADDRESS **Nickelsen, Eric**
4.4 CITY-STATE-ZIP **11 North B Street
Pensacola, FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MEEK, WILLIAM R**
CITY-STATE-ZIP **11 N B STREET
PENSACOLA FL**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D**
5.3 STREET ADDRESS **Johnson, Mildred**
5.4 CITY-STATE-ZIP **11 North B Street
Pensacola, FL**

TITLE ☐ DELETE
NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-STATE-ZIP ☐ DELETE

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **D**
6.3 STREET ADDRESS **Hunter, Cecil**
6.4 CITY-STATE-ZIP **11 North B Street
Pensacola, FL**

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: *Patrick Remich* **J. Patrick Remich**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96
Date

904-432-1515
Daytime Phone #

CR2E037 (12/95)