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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 32501-5612

3. Date Incorporated or Qualified
09/18/1985

3a. Date of Last Report
02/02/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

25

28 Zip Country

29

30

4. FEI Number
59-2612752

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fees 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD DELETE
NAME SMITH, JOHN M
STREET ADDRESS 11 NORTH B STREET
CITY-ST-ZIP PENSACOLA FL

1.1 TITLE D Change Addition
1.2 NAME Nickelsen, Eric
1.3 STREET ADDRESS 11 North B Street
1.4 CITY-ST-ZIP Pensacola, FL

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

2.1 TITLE D Change Addition
2.2 NAME Chadbourne, Edward
2.3 STREET ADDRESS 11 N B Street
2.4 CITY-ST-ZIP Pensacola, FL

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

3.1 TITLE D Change Addition
3.2 NAME Hobgood, Cindy
3.3 STREET ADDRESS 11 N B Street
3.4 CITY-ST-ZIP Pensacola, FL

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

4.1 TITLE D Change Addition
4.2 NAME Hunter, Cecil
4.3 STREET ADDRESS 11 N B Street
4.4 CITY-ST-ZIP Pensacola, FL

TITLE D DELETE
NAME MEEK, WILLIAM R
STREET ADDRESS 11 NORTH B STREET
CITY-ST-ZIP PENSACOLA FL

5.1 TITLE CD Change Addition
5.2 NAME Ricard, John H.
5.3 STREET ADDRESS 11 North B Street
5.4 CITY-ST-ZIP Pensacola, FL

TITLE D DELETE
NAME ALFRED, WILLIAM
STREET ADDRESS 11 NORTH B STREET
CITY-ST-ZIP PENSACOLA FL

6.1 TITLE D Change Addition
6.2 NAME Caplice, Mary
6.3 STREET ADDRESS 11 N B Street
6.4 CITY-ST-ZIP Pensacola, FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

SIGNATURE *[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0072395

CR2E037 (9/96)

1-24-97