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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

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

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/18/1985

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

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

10. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	NICKELSON, ERIC	
STREET ADDRESS	11 NORTH B STREET	
CITY-ST-ZIP	PENSACOLA FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHADBOURNE, EDWARD	
STREET ADDRESS	11 N B ST	
CITY-ST-ZIP	PENSACOLA FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CONDON, A.G.	
STREET ADDRESS	30 SOUTH SPRING ST.	
CITY-ST-ZIP	PENSACOLA FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	REMICH, J. PATRICK	
STREET ADDRESS	11 NORTH B STREET	
CITY-ST-ZIP	PENSACOLA FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MEEK, WILLIAM R	
STREET ADDRESS	11 NORTH B STREET	
CITY-ST-ZIP	PENSACOLA FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ALFRED, WILLIAM	
STREET ADDRESS	11 NORTH B STREET	
CITY-ST-ZIP	PENSACOLA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bishop John Ricard	
1.3 STREET ADDRESS	11 North B Street	
1.4 CITY-ST-ZIP	Pensacola, FL 32522	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Cecil Hunter	
2.3 STREET ADDRESS	11 North B Street	
2.4 CITY-ST-ZIP	Pensacola, Florida 32522	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sister Mary Caplice	
3.3 STREET ADDRESS	11 North B Street	
3.4 CITY-ST-ZIP	Pensacola, Florida 32522	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Robert Leidner	
4.3 STREET ADDRESS	11 North B Street	
4.4 CITY-ST-ZIP	Pensacola, Florida 32522	

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Mildred Johnson	
5.3 STREET ADDRESS	11 North B Street	
5.4 CITY-ST-ZIP	Pensacola, Florida 32522	

6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Brunie Emmanuel	
6.3 STREET ADDRESS	11 North B Street	
6.4 CITY-ST-ZIP	Pensacola, Florida 32522	

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

1/27/98

850-432-1515

CR2E037 (10/97)