


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 04 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>C/O A.G. CONDON, JR. 30 SOUTH SPRING STREET PENSACOLA FL 32501</b>	Mailing Address <b>C/O A.G. CONDON, JR. 30 SOUTH SPRING STREET PENSACOLA FL 32501</b>
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3. Date Incorporated or Qualified  
**09/18/1985**

4. FEI Number  
**59-2612752**

Applied For	
Not Applicable	

2. Principal Place of Business **2a. Mailing Address**

21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.

22 City & State **27** City & State

23 Zip **28** Zip **29** Country **30** Country

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

**9. Name and Address of Current Registered Agent**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>NICKELSON, ERIC</b>
STREET ADDRESS	<b>11 NORTH B STREET</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CHADBOURNE, EDWARD</b>
STREET ADDRESS	<b>11 N B ST</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CONDON, A.G.</b>
STREET ADDRESS	<b>30 SOUTH SPRING ST.</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>REMICH, J. PATRICK</b>
STREET ADDRESS	<b>11 NORTH B STREET</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MEEK, WILLIAM R</b>
STREET ADDRESS	<b>11 NORTH B STREET</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ALFRED, WILLIAM</b>
STREET ADDRESS	<b>11 NORTH B STREET</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>C D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Bishop John Ricard</b>
1.3 STREET ADDRESS	<b>11 North B Street</b>
1.4 CITY-ST-ZIP	<b>Pensacola, FL 32522</b>
2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Cecil Hunter</b>
2.3 STREET ADDRESS	<b>11 North B Street</b>
2.4 CITY-ST-ZIP	<b>Pensacola, Florida 32522</b>
3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Sister Mary Caplice</b>
3.3 STREET ADDRESS	<b>11 North B Street</b>
3.4 CITY-ST-ZIP	<b>Pensacola, Florida 32522</b>
4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Robert Leidner</b>
4.3 STREET ADDRESS	<b>11 North B Street</b>
4.4 CITY-ST-ZIP	<b>Pensacola, Florida 32522</b>
5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Mildred Johnson</b>
5.3 STREET ADDRESS	<b>11 North B Street</b>
5.4 CITY-ST-ZIP	<b>Pensacola, Florida 32522</b>
6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Brunie Emmanuel</b>
6.3 STREET ADDRESS	<b>11 North B Street</b>
6.4 CITY-ST-ZIP	<b>Pensacola, Florida 32522</b>

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 Patrick Remich 1/27/98 850-432-1515

CR2E037 (10/97)