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NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11151

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



2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualified
Suite, Apt. #, etc. 26 09/18/1985
City & State 27 Applied For
Zip Country 28 59-2612752 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

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

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include names like NICKELSON, ERIC, RICARD, JOHN B, CONDON, A.G., REMICH, J. PATRICK, JOHNSON, MILDRED, ALFRED, WILLIAM and John C. McLellan.

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, with all other like empowered.

SIGNATURE: [Signature] DIRECTOR OF FINANCE 1-4-99 850 432 1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)