

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90039 016 ****61.25

DOCUMENT # N11151

1. Corporation Name

**THE DIOCESE OF PENSACOLA -TALLAHASSEE EDUCATION
FOUNDATION, INC.**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

2a. Mailing Address

26

3. Date Incorporated or Qualified

09/18/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

4. FEI Number

59-2612752

Applied For

Not Applicable

City & State

City & State

28

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

25

Zip

Country

29

30

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

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	CD	<input type="checkbox"/> DELETE
NAME	RICARD, JOHN B	
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 type="checkbox"/> DELETE
NAME	JOHNSON, MILDRED	
STREET ADDRESS	11 NORTH B STREET	
CITY-ST-ZIP	PENSACOLA FL 32522	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John C. McLellan	
1.3 STREET ADDRESS	11 North B Street	
1.4 CITY-ST-ZIP	Pensacola, Fl 32501	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

John C. McLellan **REQUIRED**

1-4-99

850 432 1515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)