
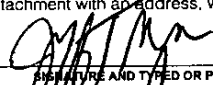


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90413 014 \*\*\*\*61.25

<b>DOCUMENT # N11151</b>					
1. Entity 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		3. Mailing Address			
Suite, Apt. #., etc.		Suite, Apt. #., etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2612752	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CONDON, A.G., JR. 30 SOUTH SPRING STREET PENSACOLA, FL 32501			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TRUMPS, JEFF P	NAME			
STREET ADDRESS	11 NORTH B STREET	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32501	CITY-ST-ZIP			
TITLE	CD <input type="checkbox"/> Delete	TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RICARD, JOHN B	NAME	RICARD, JOHN H		
STREET ADDRESS	11 N B ST	STREET ADDRESS	11 NORTH B STREET		
CITY-ST-ZIP	PENSACOLA, FL	CITY-ST-ZIP	PENSACOLA, FL 32501		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CONDON, A.G.	NAME			
STREET ADDRESS	30 SOUTH SPRING ST.	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REMICH, J. PATRICK	NAME			
STREET ADDRESS	11 NORTH B STREET	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALFRED, WILLIAM	NAME			
STREET ADDRESS	11 NORTH B STREET	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	MUELLER, SUSAN J		
STREET ADDRESS		STREET ADDRESS	11 NORTH B STREET		
CITY-ST-ZIP		CITY-ST-ZIP	PENSACOLA, FL 32501		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Jeff Trumps 2/3/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					