

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

RECEIVED
May 07, 2007 08:00 AM
JAN 23 2007
Secretary of State
FINANCE DEPT.



DOCUMENT # N11151 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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 59-2612752		Applied For <input type="checkbox"/> 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)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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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-STATE-ZIP	PENSACOLA FL 32501		CITY-STATE-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICARD, JOHN H		NAME		
STREET ADDRESS	11 NORTH B STREET		STREET ADDRESS		
CITY-STATE-ZIP	PENSACOLA FL 32501		CITY-STATE-ZIP		
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-STATE-ZIP	PENSACOLA FL		CITY-STATE-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-STATE-ZIP	PENSACOLA FL		CITY-STATE-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUELLER, SUSAN J		NAME		
STREET ADDRESS	11 NORTH B STREET		STREET ADDRESS		
CITY-STATE-ZIP	PENSACOLA FL 32501		CITY-STATE-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		

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05/29/07-80003-008 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]* DATE: 05-04-07 TIME: 950.435.3500