2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11151

FILED Jun 16, 2009 Secretary of State

Entity Name: THE DIOCESE OF PENSACOLA -TALLAHASSEE EDUCATION FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: C/O A.G. CONDON, JR. 30 SOUTH SPRING STREET PENSACOLA, FL 32501 **New Mailing Address: Current Mailing Address:** C/O A.G. CONDON, JR 30 SOUTH SPRING STREET PENSACOLA, FL 32501 FEI Number: 59-2612752 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CONDON, A.G., JR. 30 SOUTH SPRING STREET PENSACOLA, FL 32501 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GODLEWSKI, JOHN J Name: Name: 11 NORTH B STREET Address: Address: City-St-Zip: PENSACOLA, FL 32502 City-St-Zip: Title: () Delete Title: () Change () Addition RICARD, JOHN H Name: Name: Address: 11 NORTH B STREET Address: City-St-Zip: PENSACOLA, FL 32501 City-St-Zip: Title: () Delete Title: () Change () Addition CONDON, A.G. Name: Name: 30 SOUTH SPRING ST. Address: Address: City-St-Zip: PENSACOLA, FL City-St-Zip: Title: () Delete Title: () Change () Addition Name: REMICH, J. PATRICK Name: 11 NORTH B STREET Address: Address: City-St-Zip: PENSACOLA, FL City-St-Zip: Title: () Delete Title: (X) Change () Addition MUELLER, SUSAN J VICKERY, KEVIN B Name: Name: 11 NORTH B STREET 11 NORTH B STREET Address: Address: City-St-Zip: PENSACOLA, FL 32501 City-St-Zip: PENSACOLA, FL 32501

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN J GODLEWSKI D 06/16/2009