2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2009
Secretary of State

DOCUMENT# N11151

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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:

CONDON, A.G.,JR.
30 SOUTH SPRING STREET
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

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:

Title: D ( ) Delete
Name: GODLEWSKI, JOHN J
Address: 11 NORTH B STREET
City-St-Zip: PENSACOLA, FL 32502

Title: D ( ) Delete
Name: RICARD, JOHN H
Address: 11 NORTH B STREET
City-St-Zip: PENSACOLA, FL 32501

Title: D ( ) Delete
Name: CONDON, A.G.
Address: 30 SOUTH SPRING ST.
City-St-Zip: PENSACOLA, FL

Title: D ( ) Delete
Name: REMICH, J. PATRICK
Address: 11 NORTH B STREET
City-St-Zip: PENSACOLA, FL

Title: D ( ) Delete
Name: MUELLER, SUSAN J
Address: 11 NORTH B STREET
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: VICKERY, KEVIN B
Address: 11 NORTH B STREET
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

Electronic Signature of Signing Officer or Director — Date