


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N19944</b> 1. Entity Name THE CATHOLIC FOUNDATION OF THE DIOCESE OF ST. AUGUSTINE, INC.	
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Principal Place of Business 11625 OLD ST. AUGUSTINE ROAD JACKSONVILLE, FL 32258 US	Mailing Address 11625 OLD ST. AUGUSTINE ROAD JACKSONVILLE, FL 32258 US
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**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3271754	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MORGAN, MICHAEL P  
 11625 OLD ST. AUGUSTINE ROAD  
 JACKSONVILLE, FL 32258

**DO NOT WRITE IN THIS SPACE**

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)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALEONE, VICTOR 11625OLD ST.AUGUSTINE RD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, WILLIAM A 11625OLD ST.AUGUSTINE RD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, MICHAEL P 11625OLD ST.AUGUSTINE RD JACKSONVILLE, FL
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**DO NOT WRITE IN THIS SPACE**

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: Michael P. Morgan 1/10/07 904/262-3200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 Reverend Michael P. Morgan, Chancellor