


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N19944 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



01152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3271754	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MORGAN, MICHAEL P 11625 OLD ST. AUGUSTINE ROAD JACKSONVILLE, FL 32258
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000794518
01/28/08-80011-006 61.25

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:  Rev. Michael P. Morgan, Chancellor	1/16/08	904/262-3200
	Date	Daytime Phone #