
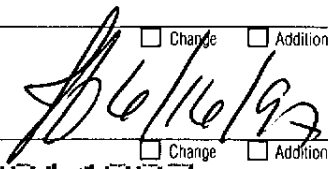


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 16 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <span style="font-size: 1.5em;">N22436</span>			
1. Corporation Name <b>Archdiocese of Miami, Inc.</b>			
Principal Place of Business <b>142 Fairview Ave. Daytona Beach, Fl. 32114</b>		Mailing Address <b>142 Fairview Ave. Daytona Beach, Fl. 32114</b>	
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State <b>Daytona Beach, Fl. 32114</b> 23 Zip <b>32114</b> 24 Country <b>Volusia</b>		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. <b>142 Fairview Ave.</b> 27 City & State <b>Daytona Beach, Fl.</b> 28 Zip <b>32114</b> 29 Country <b>Volusia</b>	
<b>3. Date Incorporated or Qualified</b> <b>9/10/1987</b>		<b>3a. Date of Last Report</b> <b>4/1/96</b>	
<b>4. FEI Number</b> <b>Not Applicable</b>		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>8. Name and Address of Current Registered Agent</b> <b>Moore, Charles T. 2111 S. Ridgewood Ave. South Daytona, Fl. 32119</b>		<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <div style="text-align: right;"> <b>FL</b> 85 Zip Code         </div>	
<b>11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.</b>			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE</small>			
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>President Hitson, James 929 Welld Dr. South Daytona, Fl. 32119</b>	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <b>Director Smith, Alvin 63 Sandcastle Dr. Ormond Beach, Fl. 32176</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Vice President Whitaker, James 236 Bob White Ct. Daytona Beach, Fl. 32119</b>	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <b>Director Posey, Gaynelle 269 Glenbriar Cir. Daytona Beach, Fl. 32114</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Secretary Jackson, Mary Anne 925 N. Grandview Ave. Daytona Beach, Fl. 32118</b>	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <b>Powers, Diane 174 Marvin Road Ormond Beach, Fl. 32176</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Director Edson, Betty Ann 88 Lorillard Place Ormond Beach, Fl. 32174</b>	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Director Citek, Jane 2029 S. Peninsula Dr. Daytona Beach, Fl. 32118</b>	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Director Holt, Elaine 1153 Orange Ave. Daytona Beach, Fl. 32114</b>	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.</b>		<div style="text-align: right;">   <b>700002214227</b>  <b>-06/17/97--01019--021</b>  <b>***61.25</b> </div>	
<b>SIGNATURE: Diane E. Powers</b> <i>Diane E. Powers</i>		<b>(904) 258-7611</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

CR2E037 (9/96)