

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31866

FILED
Mar 11, 2004
Secretary of State**Entity Name:** THE CATHOLIC LAWYERS GUILD OF THE DIOCESE OF ST. AUGUSTINE, INC.**Current Principal Place of Business:**C/O JOHN R GEIGER
4475 US 1 S STE 406
SAINT AUGUSTINE, FL 32086 US**New Principal Place of Business:****Current Mailing Address:**C/O JOHN R GEIGER
4475 US 1 S STE 406
SAINT AUGUSTINE, FL 32086 US**New Mailing Address:****FEI Number:** 59-2945814 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SIMMONS, SIDNEY S. II
ONE INDEPENDENT DRIVE
SUITE 3200
JACKSONVILLE, FL 32202 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: BESENDORFER, RALPH
Address: 11625 ST. AUGUSTINE RD.
City-St-Zip: JACKSONVILLE, FL**Title:** T () Delete
Name: BISHOP, THOMAS E
Address: 50 NORTH LAURA STREET, SUITE 3900
City-St-Zip: JACKSONVILLE, FL 32202**Title:** D () Delete
Name: WARREN, G. GLENN
Address: 1837 HENDRICKS AVENUE
City-St-Zip: JACKSONVILLE, FL 32207**Title:** T () Delete
Name: CONSBROCK, PAUL
Address: PO BOX 57742
City-St-Zip: JACKSONVILLE, FL 32241**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change () Addition
Name: BESENDORFER, RALPH
Address: 11625 ST. AUGUSTINE RD.
City-St-Zip: JACKSONVILLE, FL**Title:** VP (X) Change () Addition
Name: BISHOP, TOM
Address: 50 NORTH LAURA STREET, SUITE 3900
City-St-Zip: JACKSONVILLE, FL 32202**Title:** T (X) Change () Addition
Name: WARREN, G. GLENN
Address: 1837 HENDRICKS AVENUE
City-St-Zip: JACKSONVILLE, FL 32207**Title:** P (X) Change () Addition
Name: EICHELBERGER, JOANNE
Address: P.O. BOX 52957
City-St-Zip: JACKSONVILLE, FL 32201

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: G. GLENN WARREN

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03/11/2004

Electronic Signature of Signing Officer or Director

Date