

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N44724** (5)
1. Corporation Name
THE CATHOLIC STUDY CENTER OF LONGWOOD, INC.



Principal Place of Business SPRING PLAZA, STE. 1488 LONGWOOD FL 32779	Changed 1/1/98	Mailing Address P.O. BOX 3045 LONGWOOD FL 32779-7045	Same
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2. Principal Place of Business 21 280 Springrun Circle Suite, Apt. #, etc.	2a. Mailing Address 26 PO Box 3045 Suite, Apt. #, etc.
22 Longwood, FL City & State	27 Longwood, FL City & State
23 32779 Zip	28 32779 Zip
24 USA Country	29 USA Country

3. Date Incorporated or Qualified 08/09/1991	
4. FEI Number 59-3117205	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WALKER, DOROTHY H. 280 SPRING RUN CIRCLE LONGWOOD FL 32779
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10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PSD <input type="checkbox"/> DELETE
NAME	WALKER, DOROTHY H
STREET ADDRESS	280 SPRING RUN CIR
CITY-ST-ZIP	LONGWOOD FL 32779
TITLE	D <input type="checkbox"/> DELETE
NAME	ZAMOYTA, VINCENT C
STREET ADDRESS	1684 LEON STREET
CITY-ST-ZIP	ST. AUGUSTINE FL 32809
TITLE	D <input type="checkbox"/> DELETE
NAME	AZULA, SOLITA
STREET ADDRESS	234 DUNCAN TRAIL
CITY-ST-ZIP	LONGWOOD FL 32779
TITLE	D <input type="checkbox"/> DELETE
NAME	SERROS, HELEN
STREET ADDRESS	2415 SHREWSBURY
CITY-ST-ZIP	ORLANDO FL 32803
TITLE	D <input type="checkbox"/> DELETE
NAME	ANDERSON, MARY JO
STREET ADDRESS	3219 WALD ROAD
CITY-ST-ZIP	ORLANDO FL 32806
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	10429 Osprey Nest Drive, West
2.4 CITY-ST-ZIP	Jacksonville, FL 32255
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: **Dorothy H Walker** 1/16/98 (409) 862-0515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0014754

CR2E037 (10/97)