

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44724

FILED
Aug 04, 2005
Secretary of State

Entity Name: THE CATHOLIC STUDY CENTER OF LONGWOOD, INC.

Current Principal Place of Business:

280 SPRINGRUN CIR
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

280 SPRINGRUN CIRCLE
LONGWOOD, FL 32779045 US

New Mailing Address:

FEI Number: 59-3117205 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WALKER, DOROTHY H.
280 SPRING RUN CIRCLE
LONGWOOD, FL 32779 US

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: PSD () Delete
Name: WALKER, DOROTHY H.
Address: 280 SPRING RUN CIR
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: ZAMOYTA, VINCENT C
Address: 10429 OSPREY NEST DR W.
City-St-Zip: JACKSONVILLE, FL 32355

Title: D () Delete
Name: AZULA, SOLITA
Address: 234 DUNCAN TRAIL
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: SERROS, HELEN
Address: 2415 SHREWSBURY
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: ANDERSON, MARY JO
Address: 3219 WALD ROAD
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DOROTHY WALKER, _____

D

08/04/2005

Electronic Signature of Signing Officer or Director

Date