FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48039 (4)

1. Corporation Name
THE MISSIONARY DIOCESE OF THE EAST, INC.

Principal Place of Business	Mailing Address
4797 CURTIS BLVD. PORT STL JOHN COCOA FL 32927	4797 CURTIS BLVD. PORT STL JOHN COCOA FL 32927

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/23/1992
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-3117103 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$0.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

YANTSIOS, YVONNE
1400 HANNAH DRIVE
MERRIT ISLAND FL 32952

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	CONLEY, RICHARD T	1.2 NAME	
STREET ADDRESS	20 OHIO STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST COCOA FL 32926	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BARNEWALL, KENNETH	2.2 NAME	
STREET ADDRESS	4801 DOREEN RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	RICHARDS, WALTER E	3.2 NAME	
STREET ADDRESS	5620-84 LAKE LIZZIE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BEARD, RAY W	4.2 NAME	
STREET ADDRESS	3701 OAKVIEW DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32806	4.4 CITY-ST-ZIP	
TITLE	PV	5.1 TITLE	☐ Change ☐ Addition
NAME	DORMAN, CLARK H	5.2 NAME	
STREET ADDRESS	3620 UPTON DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32806	5.4 CITY-ST-ZIP	
TITLE	ST	6.1 TITLE	☐ Change ☐ Addition
NAME	YANTSIOS, YVONNE W	6.2 NAME	
STREET ADDRESS	1400 HANNAH DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added on an attachment with an address.

SIGNATURE: Clark H. Dorman — CLARK H. DORMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-95
Date

President/Vice President
(407) 632-7634
Daytime Phone #

6034744