

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

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PORT STL JOHN
COCOA FL 32927

3. Date Incorporated or Qualified
03/23/1992

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country
24 25

28 Zip Country
29 30

4. FEI Number
59-3117103

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**YANTSIOS, YVONNE
1400 HANNAH DRIVE
MERRIT ISLAND FL 32952**

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D CONLEY, RICHARD T**
STREET ADDRESS **4950 Carter Street**
CITY-ST-ZIP **WEST COCOA FL 32926 32927**

TITLE ☐ DELETE
NAME **D BARNEWALL, KENNETH**
STREET ADDRESS **4801 DOREEN RD**
CITY-ST-ZIP **COCOA FL 32927**

TITLE ☐ DELETE
NAME **D RICHARDS, WALTER E** Anderson, Brian
STREET ADDRESS **5620-84 LAKE LIZZIE DR** 5135 Hogan Place
CITY-ST-ZIP **ST CLOUD FL** Cocoa, FL 32927

TITLE ☐ DELETE
NAME **D BEARD, RAY W** Daviduk, Eric
STREET ADDRESS **3701 OAKVIEW DRIVE** 6410 Banks Avenue
CITY-ST-ZIP **ORLANDO FL 32800** Cocoa, FL 32927

TITLE ☐ DELETE
NAME **PV DORMAN, CLARK H**
STREET ADDRESS **3620 UPTON DRIVE**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE ☐ DELETE
NAME **ST YANTSIOS, YVONNE W**
STREET ADDRESS **1400 HANNAH DRIVE**
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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, on an attachment with an address.

SIGNATURE: *Clark H. Dorman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clark H. Dorman
President/Vice President

02/05/96
Date

407-632-7634
Daytime Phone #

CR2E037 (12/95)