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Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32927-8329**



3. Date Incorporated or Qualified
03/23/1992

3a. Date of Last Report
03/04/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	CONLEY, RICHARD T	
STREET ADDRESS	4950 CARTER STREET	
CITY-ST-ZIP	COCOA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARNEWELL, KENNETH PAUL R. PRALL	
STREET ADDRESS	4881 DOREEN RD 18 Ohio ST	
CITY-ST-ZIP	COCOA FL COCOA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDERSON, BRIAN	
STREET ADDRESS	5135 HOGAN PLACE	
CITY-ST-ZIP	COCOA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIDUK, ERIC	
STREET ADDRESS	6410 BANKS AVENUE	
CITY-ST-ZIP	COCOA FL	
TITLE	PV	<input type="checkbox"/> DELETE
NAME	DORMAN, CLARK H	
STREET ADDRESS	3820 UPTON DRIVE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	YANTSIOS, YVONNE W	
STREET ADDRESS	1400 HANNAH DRIVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 do 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 or on an attachment with an address.

CLARK H DORMAN

CR2E037 (9/96)