FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N95000005225 (6)

DIOCESE OF ST. AUGUSTINE, INC.

		•					
Principal Place of Business Mailing Address 11625 OLD ST. AUGUSTINE RD P.O. BOX 24000 JACKSONVILLE FL 32241 32258 JACKSONVILLE FL 32241-40							
					3. Date Incorporated or Qualified 11/03/1995	3a. Date of Last Report 02/22/1996	
<u> </u>	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21 Suite Ant	# ete	26			59-0637829	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	0	City & State			6. Election Campaign Financing		
23		28			Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Count	гу	8. This corporation has liability for		
24	25	29	30		· · · -	Yes 🔀 No	
	9. Name and Address of Cui	rrent Registered Agent		1 Name	10. Name and Address of New Re	gistered Agent	
014151 5	Phia IIA -		*	1 Name			
GUIDI, DENNIS E 1837 HENDRICKS AVE. JACKSONVILLE FL 32207			8	2 Street Adde	ress (P.O. Box Number is Not Acceptab	ole)	
			8	3			
JACKSU	WILLE PL 32201						
			8	4 City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 617.	0502 and 617.1508, Florida Stat	utes, the abo	ve-named corp	poration submits this statement for the p	surpose of changing its registered	
agent. I a	egistered agent, or both, in the St m familiar with, and accept the ob	late of Floridal Such change wa oligations of, Section 617.0503,	s authorized Florida Statut	by the corporat es.	tion's board of directors. I hereby accep	ot the appointment as registered	
SIGNATURE							
40	Signature, typed or printed name of registered			gent signature requir	red when reinslating)	DATE	
12. TITLE	D	AND DIRECTORS DELETE	13.	· · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12 Change Addition	
NAME	SNYDER, JOHN J		1.2 NAM			Change Addition	
STREET ADDRESS	11625 OLD ST. AUGUSTIN	E RD.		ET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32258		1.4 CITY	1			
TITLE	D	DELETE	2.1 TITLE			Change Addition	
NAME	HAUT, VINCENT J		2.2 NAM	E			
STREET ADDRESS			2.3 STRE	ET ADDRESS			
CITY-ST-7IP	JACKSONVILLE FL 32258		2. 4 CITY	-ST-ZIP			
TITLE	D DDCMMAN MOTU D	L_ DELETE	3.1 TITLE			Change Addition	
NAME STREET ADDRESS	Brennan, Keith R 11625 OLD St. Augustini	E DN	3.2 NAM	i			
CITY-ST-ZIP	JACKSONVILLE FL 32258	E NV.		ET ADDRESS			
TITLE	UNUNDUIVILLE I'L 32230	DELETE	3.4. CITY 4.1 TITLE			Change Addition	
NAME			4. 2 NAM			Colongo Constituti	
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			4.4 CITY				
TITLE	☐ DELETE		5.1 TITLE			☐ Change ☐ Addition	
NAME			5.2 NAM	:			
STREET ADORESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY	-ST-ZIP			
TI7LE		☐ DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAMI				
STREET ADDRESS			6.3 STRE	ET ADDRESS			
CITY-ST-ZIP			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 schanged or on an attachment with an address.

SIGNATURE:

MATTORE AND TO BE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/99 Date 1 904/262-3200

FILED

Jan 17 1997 8:00am

Secretary of State

Daytime Phone # 0008484