


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90039 017 ****61.25

DOCUMENT # N95000005225

1. Entity Name
DIOCESE OF ST. AUGUSTINE, INC.



40001944



Principal Place of Business
 11625 OLD ST. AUGUSTINE RD.
 JACKSONVILLE, FL 32258 US

Mailing Address
 P.O. BOX 24000
 JACKSONVILLE, FL 32241-4000

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

01102005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-0637829

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GUIDI, DENNIS E
1837 HENDRICKS AVE.
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GALEONE, VICTOR	
STREET ADDRESS	11625 OLD ST. AUGUSTINE RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32258	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAUT, VINCENT J	
STREET ADDRESS	11625 OLD ST. AUGUSTINE RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32258	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRENNAN, KEITH R	
STREET ADDRESS	11625 OLD ST. AUGUSTINE RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32258	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelly, William A.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Morgan, Michael P.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael P. Morgan JAN. 14, 2005 904/262-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Rev. Michael P. Morgan, Chancellor