

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90021 029 ****61.25

DOCUMENT # N95000005225

1. Entity Name

DIOCESE OF ST. AUGUSTINE, INC.



Principal Place of Business

11625 ~~OLD~~ ST. AUGUSTINE RD.
JACKSONVILLE FL 32258
US

Mailing Address

~~P.O. BOX 24000~~
~~JACKSONVILLE FL 32244-4000~~



2. Principal Place of Business

11625 St. Augustine Road
Suite, Apt. #, etc.

3. Mailing Address

11625 St. Augustine Road
Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number

59-0637829

Applied For

Not Applicable

Zip
32258

Country
USA

Zip
32258

Country
USA

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GALEONE, VICTOR
11625 OLD ST. AUGUSTINE RD.
JACKSONVILLE FL 32258 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KELLY, WILLIAM A
11625 OLD ST. AUGUSTINE RD.
JACKSONVILLE FL 32258 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MORGAN, MICHAEL P
11625 OLD ST. AUGUSTINE RD.
JACKSONVILLE FL 32258 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

[Signature]

(904) 262-3200