

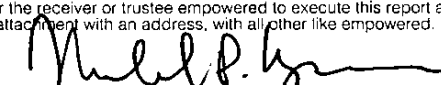


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90073 009 ****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 32241-4000 11625 Old St. Augustine Road Jacksonville, FL 32258			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 11625 Old St. Augustine Road Suite, Apt. #, etc.		Delete Post Office Box 	
City & State Jacksonville FL		City & State Jacksonville FL		4. FEI Number 59-0637829	
Zip 32258		Country Duval		5. Certificate of Status Desired <input type="checkbox"/> \$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALEONE, VICTOR 11625 OLD ST. AUGUSTINE RD. JACKSONVILLE, FL 32258	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, WILLIAM A 11625 OLD ST. AUGUSTINE RD. JACKSONVILLE, FL 32258	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, MICHAEL P 11625 OLD ST. AUGUSTINE RD. JACKSONVILLE, FL 32258	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2/2/07		(904) 262-3200	
Reverend Michael P. Morgan, Chancellor		Date		Daytime Phone #	