


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # N95000005225 1. Entity Name DIOCESE OF ST. AUGUSTINE, INC.	
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Principal Place of Business 11625 OLD ST. AUGUSTINE RD. JACKSONVILLE, FL 32258 US	Mailing Address 11625 OLD ST. AUGUSTINE RD JACKSONVILLE, FL 32258
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01082008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-0637829	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  GUIDI, DENNIS E 1837 HENDRICKS AVE. JACKSONVILLE, FL 32207
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**DO NOT WRITE IN THIS SPACE**

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, 2008**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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U00000787801  
 01/18/08-80014-018 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALEONE, VICTOR 11625 OLD ST. AUGUSTINE RD. JACKSONVILLE, FL, 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, WILLIAM A 11625 OLD ST. AUGUSTINE RD. JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, MICHAEL P 11625 OLD ST. AUGUSTINE RD. JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:  1/15/08 904/262-3200  
Signature and typed or printed name of signing officer or director Date Daytime Phone #  
 Reverend Michael P. Morgan, Chancellor