

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 717717

**FILED**  
**Jan 22, 2014**  
**Secretary of State**  
**CC2163811317**

**Entity Name:** DIOCESE OF SOUTHWEST FLORIDA INCORPORATED

**Current Principal Place of Business:**

8005 25TH STREET EAST  
PARRISH, FL 34219-9405

**Current Mailing Address:**

8005 25TH STREET EAST  
PARRISH, FL 34219-9405 US

**FEI Number:** 59-1282026

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VICKERS, ANNE MCFO  
8005 25TH STREET EAST  
PARRISH, FL 34219-9405 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           VP  
Name           SCHARF, DOUG  
Address        8005 25TH STREET EAST  
City-State-Zip: PARRISH FL 34219-9405

Title           TREASURER, SECRETARY  
Name           VICKERS, ANNE MCFO  
Address        8005 25TH STREET EAST  
City-State-Zip: PARRISH FL 34219-9405

Title           CHANCELLOR  
Name           TRIPP, THEODORE JR.  
Address        8005 25TH STREET EAST  
City-State-Zip: PARRISH FL 34219-9405

Title           PRESIDENT  
Name           SMITH, DABNEY TBISHOP  
Address        8005 25TH STREET EAST  
City-State-Zip: PARRISH FL 34219-9405

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANNE VICKERS

**TREAS**

**01/22/2014**

Electronic Signature of Signing Officer/Director Detail

Date