

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 717717

**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	Title	TREASURER, SECRETARY
Name	SCHARF, DOUG	Name	VICKERS, ANNE MCFO
Address	8005 25TH STREET EAST	Address	8005 25TH STREET EAST
City-State-Zip:	PARRISH FL 34219-9405	City-State-Zip:	PARRISH FL 34219-9405
Title	CHANCELLOR	Title	PRESIDENT
Name	TRIPP, THEODORE JR.	Name	SMITH, DABNEY TBISHOP
Address	8005 25TH STREET EAST	Address	8005 25TH STREET EAST
City-State-Zip:	PARRISH FL 34219-9405	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 M. VICKERS

CFO

02/24/2015

Electronic Signature of Signing Officer/Director Detail

Date