

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 717892

**FILED**  
**Jan 03, 2013**  
**Secretary of State**  
**CC3231124267**

**Entity Name:** THE DIOCESE OF SOUTHEAST FLORIDA, INC.

**Current Principal Place of Business:**

525 NORTHEAST 15TH STREET  
MIAMI, FL 33132

**Current Mailing Address:**

525 NORTHEAST 15TH STREET  
MIAMI, FL 33132

**FEI Number: 59-1276272**

**Certificate of Status Desired: Yes**

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

JOHNSON, CHARLES HESQ  
6495 SUNSET DRIVE  
SOUTH MIAMI, FL 33143 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 PD  
Name FRADE, LEOPOLD BISHOP  
Address 525 NE 15TH ST.  
City-State-Zip: MIAMI FL 33132

Title VP  
Name WARD, HORACE D REV  
Address 525 NE 15TH ST  
City-State-Zip: MIAMI FL 33132

Title TD  
Name HUSTON, TOM CANON  
Address 525 NE 15TH ST  
City-State-Zip: MIAMI FL 33132

Title SD  
Name MILLER, RICHARD MR  
Address 525 NE 15TH ST  
City-State-Zip: MIAMI FL 33132

Title CH  
Name JOHNSON, CHARLES HESQ  
Address 6495 SUNSET DRIVE  
City-State-Zip: SOUTH MIAMI FL 33143

*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: LEOPOLD FRADE**

**PD**

**01/03/2013**

Electronic Signature of Signing Officer/Director Detail

Date