

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00261

Entity Name: CATHOLIC MEDIA MINISTRY, INC.**Current Principal Place of Business:**6363 9TH AVE N
ST PETERSBURG, FL 33710**Current Mailing Address:**6363 9TH AVENUE NORTH
PO BOX 40200
ST PETERSBURG, FL 33743**FEI Number:** 59-2357623**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TK REGISTERED AGENT, INC
101 EAST KENNEDY BLVD
SUITE 2700
TAMPA, FL 33602 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:** JOSEPH A DIVITO

04/16/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name PARKES, GREGORY L BISHOP
Address 6363 9TH AVE. NORTH
City-State-Zip: ST. PETERSBURG FL 33710

Title VP, DIRECTOR
Name MORRIS, ROBERT REV. MSGR.
Address 6363 9TH AVE. NORTH
City-State-Zip: ST. PETERSBURG FL 33710

Title SECRETARY
Name PETERSON, TERESA
Address 6363 9TH AVE. NORTH
City-State-Zip: ST. PETERSBURG FL 33710

Title TREASURER
Name DEY, JOHN
Address 6363 9TH AVE. NORTH
City-State-Zip: ST. PETERSBURG FL 33710

Title VP, DIRECTOR
Name LOCEY, LOIS T.
Address 6363 9TH AVE NORTH
City-State-Zip: ST PETERSBURG FL 33710

Title DIRECTOR
Name WELLS, ERIC DEACON
Address 6363 9TH AVE N
City-State-Zip: ST PETERSBURG FL 33710

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: LOIS T. LOCEY

VP

04/16/2024

Electronic Signature of Signing Officer/Director Detail

Date