

**2013 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:**DIVITO, JOSEPH A  
4514 CENTRAL AVENUE  
SAINT PETERSBURG, FL 33711 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	D/P
Name	LYNCH, ROBERT NREV
Address	6363 9TH AVE. NORTH
City-State-Zip:	ST. PETERSBURG FL 33710

Title	D/S
Name	MORGAN, JOAN
Address	6363 9TH AVE. NORTH
City-State-Zip:	ST. PETERSBURG FL 33710

Title	D
Name	DEPTULA, ELIZABETH M
Address	6363 9TH AVE NORTH
City-State-Zip:	ST PETERSBURG FL 33710

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

Title	T
Name	WARD, PAUL A
Address	6363 9TH AVE. NORTH
City-State-Zip:	ST. PETERSBURG FL 33710

Title	D
Name	MURPHY, FRANK V
Address	6363 9TH AVE NORTH
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:** JOAN MORGAN**SECRETARY****04/15/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date