

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000010525

**Entity Name:** THE DIOCESE OF ST. JOHN THE BELOVED, INC.

**Current Principal Place of Business:**

914 W. 131ST AVE.  
TAMPA, FL 33612

**Current Mailing Address:**

PO BOX 82494  
TAMPA, FL 33682 US

**FEI Number:** 05-0616817

**Certificate of Status Desired:** No

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

WRIGHT, BRUCE DREV.  
6005 DOC THOMPSON RD  
PLANT CITY, FL 33565 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 WRIGHT, BRUCE DREV.  
Address 6005 DOC THOMPSON RD.  
City-State-Zip: PLANT CITY FL 33565

Title STD  
Name WRIGHT, AMANDA D  
Address 6003 DOC THOMPSON RD  
City-State-Zip: PLANT CITY FL 33565

Title VP D  
Name WRIGHT, JONATHAN CREV.  
Address 6003 DOC THOMPSON RD  
City-State-Zip: PLANT CITY FL 33565

*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:** AMANDA WRIGHT

STD

03/12/2018

Electronic Signature of Signing Officer/Director Detail

Date