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

Electronic Signature of Signing Officer/Director Detail

Current Mailing Address:

FEI Number: 05-0616817

Name and Address of Current Registered Agent:

PLANT CITY FL 33565

WRIGHT, BRUCE DREV. 6005 DOC THOMPSON RD PLANT CITY, FL 33565 US

Officer/Director Detail :

Current Principal Place of Business:

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:

City-State-Zip:

Title PD Title STD WRIGHT, BRUCE DREV. WRIGHT, AMANDA D Name Name Address 6005 DOC THOMPSON RD. Address 6003 DOC THOMPSON RD City-State-Zip: PLANT CITY FL 33565 City-State-Zip: PLANT CITY FL 33565 Title VP D Name WRIGHT, JONATHAN CREV. Address 6003 DOC THOMPSON RD

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010525

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

914 W. 131ST AVE. TAMPA, FL 33612

PO BOX 82494 TAMPA, FL 33682 US

Certificate of Status Desired: No

04/28/2020 STD

FILED Apr 28, 2020 Secretary of State 1314102727CC

Date

Date

Electronic Signature of Registered Agent