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.

PRESIDENT

SIGNATURE: DR. CHARLES TRAVIS

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent

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.

Officer/Director Detail :

SIGNATURE:

Title	P	Title	VP
Name	TRAVIS, CHARLES TDR.	Name	THOMSON, ROBERT DR.
Address	11152 OAK RIDGE DR. SO.	Address	4106 ROGERO RD
City-State-Zip	JACKSONVILLE FL 32225	City-State-Zip:	JACKSONVILLE FL 32277
Title	SECRETARY, TREASURER		
Name	TRAVIS, DEBORAH		
Address	11152 OAK RIDGE DR. SO.		
City-State-Zip	JACKSONVILLE FL 32225		

11152 OAK RIDGE DR. SO.

Entity Name: THE ARCHDIOCESE OF SAINT CHAD, INC Current Principal Place of Business:

P.O, BOX 351087 JACKSONVILLE. FL 32235

DOCUMENT# N0700000204

Current Mailing Address:

P.O. BOX 351087 JACKSONVILLE, FL 32235

FEI Number: 20-8194672

Name and Address of Current Registered Agent:

TRAVIS, CHARLES TDR. 11152 OAK RIDGE DR. SO. JACKSONVILLE, FL 32225 US

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2021 Secretary of State 7183523957CC

Certificate of Status Desired: No

01/31/2021

Date

Date