

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000204

Entity Name: THE ARCHDIOCESE OF SAINT CHAD, INC**Current Principal Place of Business:**P.O, BOX 351087
JACKSONVILLE, FL 32235**Current Mailing Address:**P.O. BOX 351087
JACKSONVILLE, FL 32235**FEI Number:** 20-8194672**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TRAVIS, CHARLES TDR.
11152 OAKRIDGE DR. SO.
JACKSONVILLE, FL 32225 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	P
Name	TRAVIS, CHARLES TDR.
Address	11152 OAK RIDGE DR. SO.
City-State-Zip:	JACKSONVILLE FL 32225

Title	VP
Name	THOMSON, ROBERT DR.
Address	4106 ROGERO RD
City-State-Zip:	JACKSONVILLE FL 32277

Title	SECRETARY
Name	TRAVIS, DEBORAH
Address	11152 OAK RIDGE DR. SO.
City-State-Zip:	JACKSONVILLE FL 32225

Title	TREASURER
Name	WOOD, SHIRLEY
Address	2130 LISCARD RD W
City-State-Zip:	JACKSONVILLE FL 32246

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: DEBORAH TRAVIS**SECRETARY****01/23/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date