

**2017 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: SHIRLEY WOOD**

**TREASURER**

**04/07/2017**

Electronic Signature of Signing Officer/Director Detail

Date