

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000003540

**Entity Name:** DIOCESE OF FLORIDA, INC.

**Current Principal Place of Business:**

4475 US HWY 1 US  
SUITE 506  
ST AUGUSTINE, FL 32086

**Current Mailing Address:**

P.O. BOX 49115  
JACKSONVILLE, FL 32240

**FEI Number:** 20-4101120

**Certificate of Status Desired:** No

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

FREEBERG, C. WAYNE DR.  
808 ESQUIRE LANE  
ST. AUGUSTINE, FL 32092 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:** C. WAYNE FREEBERG

04/30/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name RHOADS, ROBYN T  
Address 3007 CYPRESS CREEK DRIVE EAST  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title ST  
Name BURTON, DANIEL  
Address 3875 SAN PABLO ROAD SOUTH  
#1214  
City-State-Zip: JACKSONVILLE FL 32224

Title P  
Name FREEBERG, C.WAYNE DR  
Address 808 ESQUIRE LANE  
City-State-Zip: ST. AUGUSTINE FL 32092

Title TREASURY  
Name MCKELLOP, JULIE  
Address 8635 LITTLE SWIFT CIRCLE  
City-State-Zip: JACKSONVILLE FL 32256

*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:** JULIE MCKELLOP

TREASURY

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date