

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000002958

**Entity Name:** FLORIDA CONFERENCE OF CATHOLIC BISHOPS, INC.

**Current Principal Place of Business:**

201 WEST PARK AVENUE  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

201 WEST PARK AVENUE  
TALLAHASSEE, FL 32301

**FEI Number: 45-4863384**

**Certificate of Status Desired: Yes**

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

SHEEDY, MICHAEL B  
201 WEST PARK AVENUE  
TALLAHASSEE, FL 32301 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: MICHAEL B. SHEEDY**

**01/12/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            WENSKI, THOMAS G  
Address        9401 BISCAYNE BLVD  
City-State-Zip: MIAMI FL 33138

Title            VP, DIRECTOR  
Name            BARBARITO, GERALD M  
Address        9995 NORTH MILITARY TRAIL  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title            T, DIRECTOR, TREASURER  
Name            PARKES, GREGORY L  
Address        6363 NINTH AVENUE NORTH  
City-State-Zip: ST PETERSBURG FL 33743

Title            DIRECTOR  
Name            DEWANE, FRANK J  
Address        1000 PINEBROOK RD  
City-State-Zip: VENICE FL 34285

Title            DIRECTOR  
Name            ESTEVEZ, FELIPE J  
Address        11625 OLD ST AUGUSTINE RD  
City-State-Zip: JACKSONVILLE FL 32258

Title            DIRECTOR  
Name            NOONAN, JOHN G  
Address        50 E. ROBINSON STREET  
City-State-Zip: ORLANDO FL 32801

Title            DIRECTOR  
Name            BALDACCHINO, PETER  
Address        9401 BISCAYNE BLVD  
City-State-Zip: MIAMI FL 33138

*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: GREGORY L PARKES**

**TREASURER**

**01/12/2017**

Electronic Signature of Signing Officer/Director Detail

Date