#### 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. 02/20/2014

D

SIGNATURE: REV. MICHAEL P. MORGAN

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.

Title	D	Title	D
Name	ESTEVEZ, FELIPE J	Name	KELLY, WILLIAM A
Address	11625 OLD ST. AUGUSTINE RD.	Address	11625 OLD ST. AUGUSTINE RD.
City-State-Zip:	JACKSONVILLE FL 32258	City-State-Zip:	JACKSONVILLE FL 32258
Title	D		
Name	MORGAN, MICHAEL P		
Address	11625 OLD ST. AUGUSTINE RD.		

# **Officer/Director Detail :**

City-State-Zip: JACKSONVILLE FL 32258

SIGNATURE:

JACKSONVILLE, FL 32207 US

# JACKSONVILLE, FL 32258

#### **Current Mailing Address:**

11625 OLD ST. AUGUSTINE RD.

11625 OLD ST. AUGUSTINE RD JACKSONVILLE. FL 32258

**Current Principal Place of Business:** 

### FEI Number: 59-0637829

# Name and Address of Current Registered Agent:

Entity Name: DIOCESE OF ST. AUGUSTINE, INC.

GUIDI, DENNIS E 1837 HENDRICKS AVE.



#### FILED Feb 20, 2014 Secretary of State CC2383646055

Certificate of Status Desired: No

Date

Date