FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 MAR -9 AM 9:12

DOCUMENT # 711856 (5)

1. Corporation Name

CATHOLIC HOUSING FOR THE ELDERLY & HANDICAPPED, INC.

Principal Place of Business	Mailing Address
3075 N.W. 35TH AVENUE LAUDERDALE LAKES FL 33311	3075 N.W. 35TH AVENUE LAUDERDALE LAKES FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/1966
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-1097836 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FITZGERALD, J. PATRICK 110 MERRICK WAY SUITE 2-C CORAL GABLES FL 33134	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	PENNEKAMP, TOM	1.2 NAME	
STREET ADDRESS	1434 S MIAMI AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	MCCARTHY, EDWARD A.	2.2 NAME	D
STREET ADDRESS	9401 BISCAYNE BLVD.	2.3 STREET ADDRESS	Vaughan, John
CITY-ST-ZIP	MIAMI SHORES FL	2.4 CITY-ST-ZIP	9401 Byscayne Blvd. Miami Shores, Fla. 33138
TITLE	VT	3.1 TITLE	☐ Change ☒ Addition
NAME	HENNESSEY, WILLIAM	3.2 NAME	D
STREET ADDRESS	5601 S FLAMINGO RD	3.3 STREET ADDRESS	Rosasco, Edward
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	3663 South Miami Avenue Miami, Fla. 33133
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, PAUL	4.2 NAME	
STREET ADDRESS	C/O 726 NW 1ST AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	WHITTAKER, KENNETH	5.2 NAME	
STREET ADDRESS	7525 NW 2 AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 2/16/95 (305) 757-2824
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OF OFFICER OR DIRECTOR — Date — Daytime Phone #

Rev. William Hennessey, Vice President

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