

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90079 034 \*\*\*\*70.00

DOCUMENT # 711856

1. Corporation Name

CATHOLIC HOUSING FOR THE ELDERLY & HANDICAPPED,  
INC.

Principal Place of Business

4740 N STATE ROAD 7  
SUITE 106-BLDG C  
LAUDERDALE LAKES FL 33319  
US

Mailing Address

4740 N STATE ROAD 7  
SUITE 106-BLDG C  
LAUDERDALE LAKES FL 33319  
US



2. Principal Place of Business

21 11440 N. Kendall Drive

Suite, Apt. #, etc.

22 Suite E-209

City & State

23 Miami, Fla.

Zip

24 33176

Country

25 USA

2a. Mailing Address

26 11440 N. Kendall Drive

Suite, Apt. #, etc.

27 Suite E-209

City & State

28 Miami, Fla.

Zip

29 33176

Country

30 USA

3. Date Incorporated or Qualified

11/30/1966

4. FEI Number

59-1097836

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

FITZGERALD, J. PATRICK  
110 MERRICK WAY  
SUITE 2-C  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD PENNEKAMP, TOM

STREET ADDRESS 1434 S MIAMI AVE

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME VTD HENNESSEY, WILLIAM

STREET ADDRESS 9401 BISCAYNE BLVD

CITY-ST-ZIP MIAMI SHORES FL

TITLE ☒ DELETE

NAME S JOHNSON, PAUL

STREET ADDRESS C/O 726 NW 1ST AVE

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME EVD HONOLD, REV. THOMAS G.

STREET ADDRESS 1050 NE 125 STREET

CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE ☐ DELETE

NAME D ROSASCO, EDWARD

STREET ADDRESS 3663 SOUTH MIAMI AVE.

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

*Thomas G. Honold*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/23/99

0038250

CR2E037 (11/98)