2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
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1. Entity Name
CATHOLIC HOUSING FOR THE ELDERLY & HANDICAPPED, INC.

24055809

Principal Place of Business	Mailing Address
11440 N. KENDALL DR STE E-209 MIAMI, FL 33176 US	11440 N. KENDALL DR STE E-209 MIAMI, FL 33176 US

03182004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1097836
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	PENNEKAMP, TOM
STREET ADDRESS	1436 S MIAMI AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	VCSD
NAME	HENNESSEY, WILLIAM
STREET ADDRESS	9401 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI SHORES, FL
TITLE	P
NAME	CATANIA, JOSEPH M
STREET ADDRESS	291 N.W. 43 AVE.
CITY-ST-ZIP	COCONUT CREEK, FL 33066
TITLE	D
NAME	LAWSON, RALPH E
STREET ADDRESS	C/O 6855 RED ROAD, STE. 600
CITY-ST-ZIP	CORAL GABLES, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ JOSEPH M. CATANIA 3/30/04 954-484-1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT 94055809
711856

FY 2004 Non-Profit Corporation Annual Report (UBR)
Attachment – Additional Directors

D
Rev. Msgr. John Vaughan
c/o 9401 Biscayne Boulevard
Miami Shores, FL 33138

D
Mr. Rudy J. Noriega
3529 Gulfstream Way
Davie, FL 33328

D
Ms. Josie Romano Brown
c/o 3663 South Miami Avenue
Miami, FL 33133

D
Mr. Thomas O'Brien
200 Ocean Lane Drive, #409
Key Biscayne, FL 33149

D
Ms. Patricia Palamara
4200 Mangrum Court
Hollywood, FL 33021

D
Mrs. Lourdes Sanchez
9540 Journey's End Road
Coral Gables, FL 33156

D
Rev. Msgr. Franklyn M. Casale
c/o 16400 N.W. 32 Avenue
Miami, FL 33054

D
Mr. John Johnson, CEO
c/o 4725 North Federal Hwy
Fort Lauderdale, FL 33307

D
Dr. Richard Turcotte
c/o 9401 Biscayne Boulevard
Miami Shores, FL 33138

D
Rev. Msgr. Tomas Marin
c/o 3900 N.W. 79 Avenue, Suite 731
Miami,FL 33166

D
Mr. Bud Farrey
c/o 1850 NE 146th Street
North Miami, FL 33181

D
Michael T. Reilly, MD
c/o 4875 N Federal Hwy, #800
Fort Lauderdale, FL 33308

D
Len T. Sperry, MD, PhD
1721 Victoria Pointe Circle
Weston, FL 33327

D
Asif D. Jamal
5301 Riviera Drive
Coral Gables, FL 33146

D
John E. Matuska
c/o 3663 South Miami Avenue
Miami, FL 33133

D
Ana Mederos
c/o 651 East 25th Street
Hialeah, FL 33013