2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #711856 1. Entity Name CATHOLIC HOUSING FOR THE ELDERLY &

HANDICAPPED, INC.



FILED Mar 27, 2007 8:00 am Secretary of State 03-27-2007 90016 029 ****70.00

| Principal Place of Business 11410 N. KENDALL DR STE 201 MIAMI, FL 33176 US | | | | Mailing Address 11410 N. KENDALL DR STE 201 MIAMI, FL 33176 US | | | | | | | | |
|--|--|---|----------------|---|---------------------------------|-------------------|---|--|---------------------|------------|--------------|----------------------------|
| 2. Principal P | lace of Busin | ness - No P.O. Box # | ailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | 02062007 | Chg-NP | CR2E | 037 (12/06) | |
| City & State | | | City & State | | | | | 4. FEI Numbe 59-1097 | | | <u> </u> | plied For of Applicable |
| Zip | Country | | |) | intry | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Reg | | | | | | | | 7. Name and | Address of New F | Registered | l Agent | |
| FITZGERALD, J. PATRICK 110 MERRICK WAY SUITE 2-C CORAL GABLES, FL 33134 | | | | | | Name Street Ac | ddress (I | P.O. Box Numbe | er is Not Acceptabl | le) | | |
| | | | | | | City | | | | F | L Zip Cod | е |
| 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 Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | | |
| очувание, уреа от ривнес наше от годонатех вудети впо ние и вруговане. (NOTE: Hisysterica Agent sig | | | | | | | | , | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | | | 9. Election Campaign Financing Trust Fund Contribution. | | | | \$5.00 May Be Added to Fees Make check payable to Florida Department of State | | | | |
| 10. OFFICERS AND DIRE | | | | TORS 11. | | | ļ | ADDITIONS/CHA | ANGES TO OFFICE | RS AND (| DIRECTORS IN | l 10 |
| TITLE NAME STREET AODRESS CITY-ST-ZIP | 9401 BIS | SEY, WILLIAM CAYNE BLVD HORES, FL | | | | | | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CATANIA, JOSEPH M 291 N.W. 43 AVE. COCONUT CREEK, FL 33066 | | | ☐ Delete | Delete TITLE NAME STREET CITY-S | | | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD LAWSON, RALPH E C/O 6855 RED ROAD, STE. 600 CORAL GABLES, FL 33143 | | | ☐ Delete | Delete TITLE NAME STREE CITY- | | | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1 | ALD, J. PATRICK RICK WAY STE 3B L 33134 | | ☐ Delete | | | | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | | | | | | | ☐ Change | Addition |
| TITLE NAME STREET ADORESS CITY-ST-ZIP | | | | ☐ Delete | | | | | | | ☐ Change | Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOSEPH M. CATANIA

954-484-1515

Daytime Phone #

ATTACHMENT 40042622

FY 2007 Non-Profit Corporation Annual Report (UBR)
Attachment – Additional Directors

AS/D Rev. Msgr. John J. 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 Ms. Patricia Palamara 4200 Mangrum Court Hollywood, FL 33021

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

D Mr. John Johnson 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 Len T. Sperry, MD, PhD 659 N.W. 38 Circle Boca Raton, FL 33431

D Asif D. Jamal 1028 Cotorro Avenuee Coral Gables, FL 33146

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

D Ana Mederos c/o 4775 Collins Avenue, #1908 Miami Beach, FL 33141

D Mark J. Panciera c/o 4200 Hollywood Blvd. Hollywood, FL 33021

D Kenneth C. Fischer, MD 1190 N.W.95 Street, #402 Miami, FL 33150

D Aurelio Fernandez c/o 5000 W. Oakland Park Blvd. Lauderdale Lakes, FL 33313