

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711856

FILED
Mar 15, 2010
Secretary of State

Entity Name: CATHOLIC HOUSING FOR THE ELDERLY & HANDICAPPED, INC.

Current Principal Place of Business:

11410 N. KENDALL DR
STE 201
MIAMI, FL 33176 US

New Principal Place of Business:

Current Mailing Address:

11410 N. KENDALL DR
STE 201
MIAMI, FL 33176 US

New Mailing Address:

FEI Number: 59-1097836 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FITZGERALD, J. PATRICK
110 MERRICK WAY
SUITE 3B
CORAL GABLES, FL 33134 US

Name and Address of New 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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VCSD
Name: HENNESSEY, WILLIAM
Address: 9401 BISCAYNE BLVD
City-St-Zip: MIAMI SHORES, FL

Title: P
Name: CATANIA, JOSEPH M
Address: 291 N.W. 43 AVE.
City-St-Zip: COCONUT CREEK, FL 33066

Title: CD
Name: LAWSON, RALPH E
Address: C/O 6855 RED ROAD, STE. 600
City-St-Zip: CORAL GABLES, FL 33143

Title: AS
Name: FITZGERALD, J. PATRICK
Address: 110 MERRICK WAY STE 3B
City-St-Zip: MIAMI, FL 33134

Title: ASD
Name: MARIN, TOMAS
Address: C/O 3900 NW 79 AVENUE, STE 731
City-St-Zip: DORAL, FL 33166

Title: D
Name: JAMAL, ASIF
Address: 1028 COTORRO AVENUE
City-St-Zip: CORAL GABLES, FL 33146

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.

SIGNATURE: JOSEPH M. CATANIA

PCEO

03/15/2010

Electronic Signature of Signing Officer or Director

_____ Date