

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711856

FILED  
Mar 17, 2011  
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:** WORLEY, ELIZABETH A  
**Address:** C/O 9401 BISCAYNE BLVD  
**City-St-Zip:** MIAMI SHORES, FL 33138

**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 5400 S.W. 102 AVENUE  
**City-St-Zip:** MIAMI, FL 33165

**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

P

03/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date