FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 25 PM 3:2
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **741018** **(6)**

1. Corporation Name

CATHOLIC SOCIAL SERVICES, INC. OF FORT WALTON BEACH

Principal Place of Business	Mailing Address
40 BEAL PARKWAY S.W. FT. WALTON BEACH FL 32548	40 BEAL PARKWAY S.W. FT. WALTON BEACH FL 32548

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/12/1977
3a. Date of Last Report: 04/01/1994
4. FEI Number: 59-2187199 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
22	27		
City & State	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
23	28		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent

DEADRICK, MARTHA N.
40 BEAL PKWY, S.W.
FT. WALTON BEACH FL 32548

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 607.0502 and 607.1608, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/D ☒ Change ☐ Addition
NAME	BROWN, ANN	1.2 NAME	French Brown III
STREET ADDRESS	809 E. MIRACLE STRIP PKWY	1.3 STREET ADDRESS	249 Sleepy Oaks Rd NW
CITY-ST-ZIP	MARY ESTHER FL	1.4 CITY-ST-ZIP	Fort Walton Beach Fl 32548
TITLE	VD	2.1 TITLE	V/D ☒ Change ☐ Addition
NAME	JINKS, JOHN	2.2 NAME	Donna Trum
STREET ADDRESS	87 MEIGS DR	2.3 STREET ADDRESS	303 Vaughn ST
CITY-ST-ZIP	SHALIMAR FL	2.4 CITY-ST-ZIP	Fort Walton Beach Fl 32548
TITLE	SD	3.1 TITLE	S/D ☒ Change ☐ Addition
NAME	TRUM, DONNA	3.2 NAME	Norma Freeman
STREET ADDRESS	303 VAUGHN ST	3.3 STREET ADDRESS	900 Gulf Shore Dr #3115
CITY-ST-ZIP	FT. WALTON BCH FL	3.4 CITY-ST-ZIP	Destin Fl 32541
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	DEADRICK, MARTHA N.	4.2 NAME	Same
STREET ADDRESS	40 BEAL PKWY S.W.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BCH FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, GEORGE	5.2 NAME	Same
STREET ADDRESS	8 HAMPTON CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARY ESTHER FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	E/D ☒ Change ☐ Addition
NAME		6.2 NAME	Sister Mary Frances Waite
STREET ADDRESS		6.3 STREET ADDRESS	222 E Government
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Pensacola Fl 32501

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 alteration.

SIGNATURE: Martha Deadrick Jan 10, 1995 1(904) 244-2025
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)
Martha N. Deadrick

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