FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Feb 04 1998 8:00am
Secretary of State

DOCUMENT # **N06704** **(3)**

1. Corporation Name
CATHOLIC CHARITIES OF THE DIOCESE OF VENICE, INC

Principal Place of Business	Mailing Address
1000 PINEBROOK RD VENICE FL 34292	PO BOX 2116 VENICE FL 34284-2116

3. Date Incorporated or Qualified: 12/18/1984

4. FEI Number: 59-2473176 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WINDER, STANGE R
1000 PINEBROOK RD.
VENICE FL 34292

10. Name and Address of New Registered Agent

81 Name: ROSEMARY WINDER STRANGE
82 Street Address (P.O. Box Number is Not Acceptable): SAME
83
84 City: SAME **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Rosemary Winder Strange Rosemary Winder Strange, Executive Director 1-23-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NEVINS, JOHN J		1.2 NAME		
STREET ADDRESS	1000 PINEBROOK RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ANGLIM, THOMAS		2.2 NAME		
STREET ADDRESS	1000 PINEBROOK RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CAROSELLA, JEROME		3.2 NAME		
STREET ADDRESS	1000 PINEBROOK RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SULLIVAN, JUDY		4.2 NAME		
STREET ADDRESS	201 8TH ST S #203		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33940		4.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FITZGERALD, JOHN		5.2 NAME		
STREET ADDRESS	376 PIRATES BIGHT		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FLEMMING, NEIL		6.2 NAME		
STREET ADDRESS	833 MAGELLAN DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34243		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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 address.

SIGNATURE: SIGNATURE RECEIVED 1/27/98 (941)484-9543