

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 08, 1999 8:00 am
Secretary of State

02-08-1999 90025 023 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N06704 1. Corporation Name CATHOLIC CHARITIES OF THE DIOCESE OF VENICE, INC		
Principal Place of Business 1000 PINEBROOK RD VENICE FL 34292		Mailing Address PO BOX 2116 VENICE FL 34284-2116



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		2b		12/18/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2473176	
City & State		City & State		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WINDER STRANGE, ROSEMARY 1000 PINEBROOK RD. VENICE FL 34292				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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		Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reappointing)		DATE	
12. OFFICERS AND DIRECTORS							
TITLE	D	NEVINS, JOHN J		1.1 TITLE		EXECUTIVE DIRECTOR	
NAME		1000 PINEBROOK RD		1.2 NAME		ROSEMARY WINDER STRANGE	
STREET ADDRESS		VENICE FL		1.3 STREET ADDRESS		1000 PINEBROOK ROAD	
CITY-ST-ZIP				1.4 CITY-ST-ZIP		VENICE, FL 34292	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	D	ANGLIM, THOMAS		2.1 TITLE			
NAME		1000 PINEBROOK RD		2.2 NAME			
STREET ADDRESS		VENICE FL		2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE	D	CAROSELLA, JEROME		3.1 TITLE			
NAME		1000 PINEBROOK RD		3.2 NAME			
STREET ADDRESS		VENICE FL		3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE	D	SULLIVAN, JUDY		4.1 TITLE			
NAME		201 8TH ST S #203		4.2 NAME			
STREET ADDRESS		NAPLES FL 33940		4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE	CD	FITZGERALD, JOHN		5.1 TITLE			
NAME		378 PIRATES BIGHT		5.2 NAME			
STREET ADDRESS		NAPLES FL		5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE	D	FLEMMING, NEIL		6.1 TITLE		D	
NAME		833 MAGELLAN DR		6.2 NAME		FLEMMING, NEIL	
STREET ADDRESS		SARASOTA FL 34243		6.3 STREET ADDRESS		2628 DEL PRADO BLVD	
CITY-ST-ZIP				6.4 CITY-ST-ZIP		CAPE CORAL, FL 33904	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99

(941) 484-9543

Date

Daytime Phone #

CR2E037 (11/98)