

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90296 020 \*\*\*\*70.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                 |                                                                                                                        |                                                                                                                                           |                                                                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N06704</b><br>1. Entity Name<br><b>CATHOLIC CHARITIES OF THE DIOCESE OF VENICE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                 |                                                                                                                        |                                                                                                                                           |                                                                |  |
| Principal Place of Business<br><b>1000 PINEBROOK RD<br/>VENICE, FL 34292</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                 |                                                                                                                        |                                                                                                                                           | Mailing Address<br><b>PO BOX 2116<br/>VENICE, FL 34284-2116</b>                                                                                 |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                 | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                                                          |                                                                                                                                           | <b>94048931</b><br><br>                                       |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                 | City & State                                                                                                           |                                                                                                                                           | 04072004    Chg-NP    CR2E037 (10/03)                                                                                                           |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                 | Country                                                                                                                |                                                                                                                                           | 4. FEI Number<br><b>59-2473176</b>                                                                                                              |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                 | Applied For<br><input type="checkbox"/> Not Applicable                                                                 |                                                                                                                                           |                                                                                                                                                 |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>ROUTSIS-ARROYO, PETER<br/>1000 PINEBROOK RD.<br/>VENICE, FL 34292</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                 |                                                                                                                        |                                                                                                                                           | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                 |                                                                                                                        |                                                                                                                                           |                                                                                                                                                 |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                 |                                                                                                                        |                                                                                                                                           |                                                                                                                                                 |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                           | <b>Make check payable to<br/>Florida Department of State</b>                                                                                    |  |
| <b>10. OFFICERS AND DIRECTORS</b> <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                 |                                                                                                                        | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                                                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>P</b><br><b>ARROYO, PETER R</b><br><b>1000 PINEBROOK RD</b><br><b>VENICE, FL 34292</b>       |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                            | <b>Director</b><br><b>Smeryk, Volodymyr DR.</b><br><b>1000 Pinebrook Road</b><br><b>Venice, FL 34285</b>                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D</b><br><b>ANGLIM, THOMAS</b><br><b>1000 PINEBROOK RD</b><br><b>VENICE, FL</b>              |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                            | <b>Director</b><br><b>Moretti, Edward Very Rev.</b><br><b>1000 Pinebrook Road</b><br><b>Venice, FL 34285</b>                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D</b><br><b>CAROSELLA, JEROME</b><br><b>1000 PINEBROOK RD</b><br><b>VENICE, FL</b>           |                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                         |                                                                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>CD</b><br><b>FOLEY, JOHN</b><br><b>26087 FAWNWOOD CT</b><br><b>BONITA SPRINGS, FL 34135</b>  |                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                         |                                                                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D</b><br><b>MARONE, VITO</b><br><b>15750 PIPERS GLEN</b><br><b>FORT MYERS, FL 33912</b>      |                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                         |                                                                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D</b><br><b>SANDERS, LEE</b><br><b>2520 RIO GRANDE DRIVE</b><br><b>PUNTA GORDA, FL 33950</b> |                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                         |                                                                                                                                                 |  |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                                 |                                                                                                                        |                                                                                                                                           |                                                                                                                                                 |  |
| <b>SIGNATURE:</b> <u>Peter Routsis-Arroyo</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                                                                        | Date: <u>4/7/04</u> Daytime Phone #: <u>941-488-5581</u>                                                                                  |                                                                                                                                                 |  |