2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N06704

1. Entity 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

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02072007 No Chg-NP CR2E037 (4/06)

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

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

6. Name and Address of Current Registered Agent

ROUTSIS-ARROYO, PETER
1000 PINEBROOK RD.
VENICE, FL 34292

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

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ARROYO, PETER R
STREET ADDRESS	1000 PINEBROOK RD
CITY-ST-ZIP	VENICE, FL 34292
TITLE	D
NAME	SMERYK, VOLODYMYR DR.
STREET ADDRESS	1000 PINEBROOK RD
CITY-ST-ZIP	VENICE, FL
TITLE	D
NAME	CAROSELLA, JEROME
STREET ADDRESS	1000 PINEBROOK RD
CITY-ST-ZIP	VENICE, FL
TITLE	D
NAME	MORETTI, EDWARD V REV.
STREET ADDRESS	26087 FAWNWOOD CT
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	S
NAME	O'CONNELL, BILL
STREET ADDRESS	8315 EXCALIBER CIR
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	T
NAME	PORELL, DICK
STREET ADDRESS	19748 MARKWARD CROSSING
CITY-ST-ZIP	ESTERO, FL 33928

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02/21/07-80059-001 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: Pete Routsis-Arroyo Peter Routsis-Arroyo 2/9/07 941-488-5581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #