
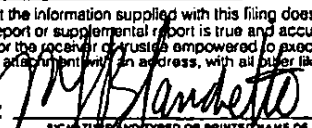


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
5 Jun 16, 2008 8:00 am
Secretary of State

05-22-2008 90018 050 ****61.25

DOCUMENT # N07000008631					
1. Entity Name THE CATHOLIC FOUNDATION OF CENTRAL FLORIDA, INC.					
Principal Place of Business 50 EAST ROBINSON STREET ORLANDO, FL 32801			Mailing Address 50 EAST ROBINSON STREET ORLANDO, FL 32801		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 26-0879378	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
A.G.C. CO 200 SOUTH ORANGE AVENUE SUITE 2300 ORLANDO, FL 32801			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	Director President	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marilyn L. Blanchette		NAME		
STREET ADDRESS	3372 Red Ash Circle		STREET ADDRESS		
CITY-ST-ZIP	Oviedo, FL 32766		CITY-ST-ZIP		
TITLE	Director Chairman	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William S. Orosz		NAME		
STREET ADDRESS	4575 New Broad Street		STREET ADDRESS		
CITY-ST-ZIP	Orlando, FL 32814		CITY-ST-ZIP		
TITLE	Director Vice President	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph M. Sciortino		NAME		
STREET ADDRESS	2542 South Peninsula Drive		STREET ADDRESS		
CITY-ST-ZIP	Daytona Beach, FL 32118		CITY-ST-ZIP		
TITLE	Director Treasurer	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. Stephen Zepf		NAME		
STREET ADDRESS	730 Maxwell Street		STREET ADDRESS		
CITY-ST-ZIP	Orlando, FL 32804		CITY-ST-ZIP		
TITLE	Director Secretary	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David G. Powers		NAME		
STREET ADDRESS	104 Greenleaf Lane		STREET ADDRESS		
CITY-ST-ZIP	Altamonte Springs, FL 32714		CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patrick Rainey		NAME		
STREET ADDRESS	3437 Cocard Ct.		STREET ADDRESS		
CITY-ST-ZIP	Windermere, FL 34786		CITY-ST-ZIP		
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 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 power like empowered.					
SIGNATURE: 		Marilyn L. Blanchette, President			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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ATTACHMENT

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Continuation Page to 2008 Annual Report for The Catholic Foundation of Central Florida, Inc.
Florida ID Number N0700008631

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Revered Stephen D. Parkes
541 E. Mitchell Hammock Road
Suite 200
Oviedo, FL 32765