

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008631

FILED
Mar 08, 2011
Secretary of State

Entity Name: THE CATHOLIC FOUNDATION OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

50 EAST ROBINSON STREET
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

50 EAST ROBINSON STREET
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 26-0879378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: AP
Name: POST, MEGHAN
Address: 50 EAST ROBINSON STREET
City-St-Zip: ORLANDO, FL 32801

Title: DC
Name: KEEN, ALLAN
Address: 50 EAST ROBINSON STREET
City-St-Zip: ORLANDO, FL 32801

Title: DVC
Name: ZOLLO, VICTOR
Address: 50 EAST ROBINSON STREET
City-St-Zip: ORLANDO, FL 32801

Title: DT
Name: ZEPF, J S
Address: 50 EAST ROBINSON STREET
City-St-Zip: ORLANDO, FL 32801

Title: D
Name: OROSZ, WILLIAM
Address: 50 EAST ROBINSON STREET
City-St-Zip: ORLANDO, FL 32801

Title: D
Name: STRUBE, RICHARD
Address: 50 EAST ROBINSON STREET
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALLAN KEEN

DC

03/08/2011

Electronic Signature of Signing Officer or Director

Date