

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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APPROVED
AND
FILED

31 MAY -1 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 714791	(1)
1. Corporation Name CATHOLIC SOCIAL SERVICES, INC.	

Principal Place of Business 1771 N. SEMORAN BLVD ORLANDO FL 32807	Mailing Address 1771 N. SEMORAN BLVD ORLANDO FL 32807
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 06/19/1968	3a. Date of Last Report 03/08/1994
4. FEI Number 59-1214353	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 22	City & State 27
Zip 23	Country 28
Country 24	Zip 29
Country 25	Country 30

9. Name and Address of Current Registered Agent AGLIO, THOMAS J 1771 N. SEMORAN BLVD ORLANDO FL 32807	
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10. Name and Address of New Registered Agent	
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____
Signature of Agent or Registered Agent (if not the same person as the registered agent, the signature of the registered agent must be obtained and attached to this statement.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	NAME MURRAY, PATRICK	1.1 TITLE S/T/D	☒ Change ☐ Addition
STREET ADDRESS 919 WILLOW RUN		1.2 NAME BROCKMAN, CHRISTOPHER	
CITY, ST, ZIP WINTER SPRINGS FL		1.3 STREET ADDRESS 2 S. ORANGE AVENUE	
		1.4 CITY, ST, ZIP ORLANDO, FL 32801	
TITLE DST	NAME DEVINE, PATRICIA	2.1 TITLE VP/D	☒ Change ☐ Addition
STREET ADDRESS 25 INTERLAKEN ROAD		2.2 NAME DEVINE, PATRICIA	
CITY, ST, ZIP ORLANDO FL		2.3 STREET ADDRESS 25 INTERLAKEN ROAD	
		2.4 CITY, ST, ZIP ORLANDO, FL	
TITLE D	NAME PHILLIPS, LEE E	3.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS 2633 CRESCENT LAKE COURT		3.2 NAME	
CITY, ST, ZIP WINDEREMERE FL		3.3 STREET ADDRESS	
		3.4 CITY, ST, ZIP	
TITLE PD	NAME DOHERTY, PATRICIA	4.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS 539 DELANEY AVE		4.2 NAME	
CITY, ST, ZIP ORLANDO FL		4.3 STREET ADDRESS	
		4.4 CITY, ST, ZIP	
TITLE D	NAME GILLAN, BRENDAN	5.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS 4730 N. GOLDENROD ROAD		5.2 NAME	
CITY, ST, ZIP WINTER PARK FL		5.3 STREET ADDRESS	
		5.4 CITY, ST, ZIP	
TITLE	NAME	6.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		6.2 NAME	
CITY, ST, ZIP		6.3 STREET ADDRESS	
		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 the report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Patricia M. Devine

4/26/95
Date

407-293-3441
Toll-Free Number