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NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Mar 10 1997 8:00am
Secretary of State**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 32807-3544**

3. Date Incorporated or Qualified

06/19/1968

3a. Date of Last Report

04/17/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**

9. Name and Address of Current Registered Agent

**AGLIO, THOMAS J
1771 N. SEMORAN BLVD
ORLANDO FL 32807**

10. Name and Address of New Registered Agent

81 Name**82** Street Address (P.O. Box Number is Not Acceptable)**83****84** City**FL****85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **STD** ☐ DELETENAME **BROCKMAN, CHRISTOPHER**
STREET ADDRESS **2 S. ORANGE AVENUE**
CITY - ST - ZIP **ORLANDO FL**TITLE **VPD** ☐ DELETENAME **DEVINE, PATRICIA**
STREET ADDRESS **25 INTERLAKEN ROAD**
CITY - ST - ZIP **ORLANDO FL**TITLE **D** ☐ DELETENAME **PHILLIPS, LEE E**
STREET ADDRESS **2633 CRESCENT LAKE COURT**
CITY - ST - ZIP **WINDEREMERE FL**TITLE **PD** ☐ DELETENAME **DOHERTY, PATRICIA**
STREET ADDRESS **539 DELANEY AVE**
CITY - ST - ZIP **ORLANDO FL**TITLE **D** ☐ DELETENAME **GILLAN, BRENDAN**
STREET ADDRESS **4730 N. GOLDENROD ROAD**
CITY - ST - ZIP **WINTER PARK FL**TITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 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 this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas Aglio* **Thomas J. Aglio**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/97 407-658-1818

Date

Daytime Phone # **0016812**

CR2E037 (9/96)