


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

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**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

8. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

**06/19/1968**

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

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 NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**STD  
BROCKMAN, CHRISTOPHER  
2 S. ORANGE AVENUE  
ORLANDO FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**VPD  
DEVINE, PATRICIA  
25 INTERLAKEN ROAD  
ORLANDO FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

**D  
PHILLIPS, LEE E  
2833 CRESCENT LAKE COURT  
WINDEREMERE FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**PD  
DOHERTY, PATRICIA  
538 DELANEY AVE  
ORLANDO FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**D  
GILLAN, BRENDAN  
4730 N. GOLDENROD ROAD  
WINTER PARK FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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 J. Aglio*

*6/11/98 12:18*

CR2E037 (1097)