2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 714791

Entity Name: CATHOLIC CHARITIES OF ORLANDO, INC.

FILED Apr 09, 2002 8:00 AM Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
1771 N. SE ORLANDO	MORAN BLVI , FL 32807)						
Current Mailing Address:				New Mailing Address:				
1771 N. SE ORLANDO	MORAN BLVI , FL 32807	0						
FEI Number:	59-1214353	FEI Number Applied For()	FEI Num	nber Not Appl	icable ()	Certificate of Status De	esired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
AGLIO, THOMAS J 1771 N. SEMORAN BLVD ORLANDO, FL 32807				RICHARDVILLE, S. GERALD 1771 N. SEMORAN BLVD ORLANDO, FL 32807				
The above in the State		submits this statement for the p	urpose of	f changing it	ts registered of	ffice or registered age	ent, or both,	
SIGNATURE: S. GERALD RICHARDVILLE				04/09/2002				
Electronic Signature of Registered Agent						Date		
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGES	TO OFFICERS AND	DIRECTORS:	
Title:	STD ()	Delete		Title:	()	Change () Addition		
Name:	MAYER, ROSE			Name:				
Address: City-St-Zip:	4680 LAKE UN ORLANDO, FL			Address: City-St-Zip:				
Oity Ot Zip.	OKE (1100, 1 E	52507		Oity Ot Zip.				
Title:	VPD ()	Delete		Title:	()	Change () Addition		
Name:	CASEY, MARY			Name:				
Address:	2817 LAKE PIN			Address:				
City-St-Zip:	ORLANDO, FL	32806		City-St-Zip:				
Title:	PD ()	Delete		Title:	PD (X)	Change () Addition		
Name:	DOHERTY, PA			Name:	DOHERTY, PAT	- , ,		
Address:	539 DELANEY	AVE		Address:	539 DELANEY			
City-St-Zip:	ORLANDO, FL			City-St-Zip:	ORLANDO, FL	32801		
Title:	D ()	Delete		Title:	()	Change () Addition		
Name:	HUGHES, ROB			Name:	()	Change ()/talifor		
Address:	3413 CIMARRO	N DR		Address:				
City-St-Zip:	ORLANDO, FL	32829		City-St-Zip:				
Title:	D ()	Delete		Title:	()	Change () Addition		
Name:	SANKS, TERRY			Name:	()	go \ //		
Address:	655 OAK HOLL			Address:				
City-St-Zip:	ALTAMONTE S	PRINGS, FL 32714		City-St-Zip:				
Title:	D ()	Delete		Title:	()	Change () Addition		
Name:	NOWVISKIE, R			Name:	()			
Address:	1320 OAKFOR			Address:				
City-St-Zip:	ORMOND BEAG	CH, FL 321744024		City-St-Zip:				

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PATRICIA DOHERTY PD 04/09/2002

Electronic Signature of Signing Officer or Director Date