

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N99000000148**

1. Entity Name

**CATHOLIC FELLOWSHIP, INC.**

FILED

02 OCT 18 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

100 SOUTHPARK BLVD  
307  
SAINT AUGUSTINE FL 32086100 SOUTHPARK BLVD  
307  
SAINT AUGUSTINE FL 32086

2. Principal Place of Business

3. Mailing Address

• Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3553401

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENISCHECK, FRANK  
109 'F' STREET  
ST AUGUSTINE FL 32084

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code 32080

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

8/27/02  
DATEAfter September 13, 2002,  
min. will be \$236.25.9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BENISCHECK, FRANK	
STREET ADDRESS	109 'F' ST.	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	D

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWELL, Quinn	
STREET ADDRESS	483 ROMANO ST	
CITY-ST-ZIP	ST AUGUSTINE, FL 32086	

Do not Add - Officer is leaving

TITLE	VPD	<input type="checkbox"/> Delete
NAME	RITCHIE, MITCHELL	
STREET ADDRESS	5615 SAN JUAN AVE #312	
CITY-ST-ZIP	JACKSONVILLE FL 32210	D

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joyce Lambana-Aragno	
STREET ADDRESS	8375 AIA SOUTH	
CITY-ST-ZIP	ST AUGUSTINE, FL 32080	D

TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	WALSH, KERRY	
STREET ADDRESS	2621 JUAREZ AVE	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/02

Date

904-824-5395

Daytime Phone #

CR2E037 14/02