

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714791

FILED  
Apr 01, 2004  
Secretary of State

Entity Name: CATHOLIC CHARITIES OF ORLANDO, INC.

**Current Principal Place of Business:**

1771 N. SEMORAN BLVD  
ORLANDO, FL 32807

**New Principal Place of Business:**

**Current Mailing Address:**

1771 N. SEMORAN BLVD  
ORLANDO, FL 32807

**New Mailing Address:**

FEI Number: 59-1214353

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RICHARDVILLE, S. GERALD  
1771 N. SEMORAN BLVD  
ORLANDO, FL 32807 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: MAYER, ROSEMARY OSM  
Address: 4680 LAKE UNDERHILL RD  
City-St-Zip: ORLANDO, FL 32807

Title: VPD ( ) Delete  
Name: CASEY, MARY  
Address: 2817 LAKE PINELOCH BLVD  
City-St-Zip: ORLANDO, FL 32806

Title: PD ( ) Delete  
Name: DOHERTY, PATRICIA,  
Address: 539 DELANEY AVE  
City-St-Zip: ORLANDO, FL 32801

Title: VPD ( ) Delete  
Name: HUGHES, ROBERT  
Address: 3413 CIMARRON DR  
City-St-Zip: ORLANDO, FL 32829

Title: D ( ) Delete  
Name: SANKS, TERRY  
Address: 655 OAK HOLLOW WAY  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete  
Name: NOWWISKIE, RONALD E  
Address: 1320 OAKFOREST DR  
City-St-Zip: ORMOND BEACH, FL 321744024

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CASEY, MARY  
Address: 2817 LAKE PINELOCH BLVD  
City-St-Zip: ORLANDO, FL 32806

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: MS. PATRICIA DOHERTY

PD

04/01/2004

Electronic Signature of Signing Officer or Director

Date