

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714791

FILED
Jan 03, 2005
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: D () 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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: DOHERTY, PATRICIA,
Address: 236 S. LUCERNE CIRCLE
City-St-Zip: ORLANDO, FL 32801

Title: D (X) Change () Addition
Name: HUGHES, ROBERT
Address: 3413 CIMARRON DR
City-St-Zip: ORLANDO, FL 32829

Title: VPD (X) Change () Addition
Name: SANKS, TERRY
Address: 655 OAK HOLLOW WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D (X) Change () Addition
Name: BURKE, KENNETH
Address: 3343 LAKEVIEW OAKS DRIVE
City-St-Zip: LONGWOOD, FL 32779

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

01/03/2005

Electronic Signature of Signing Officer or Director

Date