

# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**  
**Aug 15, 2005 8:00 am**  
**Secretary of State**

08-15-2005 90077 041 \*\*\*\*70.00

**DOCUMENT # 714791**

1. Entity Name  
**CATHOLIC CHARITIES OF ORLANDO, INC.**



Principal Place of Business  
**1771 N. SEMORAN BLVD  
ORLANDO, FL 32807**

Mailing Address  
**1771 N. SEMORAN BLVD  
ORLANDO, FL 32807**

**50061410**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08092005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-1214353**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

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

Name  
**Arne J. Nelson**

Street Address (P.O. Box Number is Not Acceptable)  
**1771 N. Semoran Blvd.**

City  
**Orlando**

**FL**

Zip Code **32807**

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)

DATE

**Amended AR is \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
MAYER, ROSEMARY OSM  
4680 LAKE UNDERHILL RD  
ORLANDO, FL 32807** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
Mayer, Rosemary OSM  
7901 Sloop Place #104  
Orlando, FL 32825** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CASEY, MARY  
2817 LAKE PINELoch BLVD  
ORLANDO, FL 32806** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Casey, Mary  
2917 Pineloch Blvd.  
Orlando, FL 32806** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
DOHERTY, PATRICIA  
236 S. LUCERNE CIRCLE  
ORLANDO, FL 32801** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Doherty, Patricia  
236 S. Lucerne Circle  
Orlando FL 33801** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HUGHES, ROBERT  
3413 CIMARRON DR  
ORLANDO, FL 32829** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HUGHES, ROBERT  
3413 CIMARRON DR  
ORLANDO, FL 32829** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
SANKS, TERRY  
655 OAK HOLLOW WAY  
ALTAMONTE SPRINGS, FL 32714** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
Sanks, Terry M.  
390 N. Orange Ave. Suite 2500  
Orlando, FL 32801** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BURKE, KENNETH  
3343 LAKEVIEW OAKS DRIVE  
LONGWOOD, FL 32779** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
Burke, Kenneth  
3343 Lakeview Oaks Drive  
Longwood, FL 32779** ☒ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**9 Aug 05**

**407-658-1818**