

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N30691 1. Entity Name CATHOLIC CHARITIES EMPLOYMENT PROGRAMS, INC.	
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Principal Place of Business 9140 GOLFSIDE DR. SUITE 7 JACKSONVILLE, FL 32256	Mailing Address 9140 GOLFSIDE DR. SUITE 7 JACKSONVILLE, FL 32256
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01032006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2931859	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STONE BURNER, BERRY, & SIMMONS, P.A. 841 PRUDENTIAL DRIVE SUITE 1400 JACKSONVILLE, FL 32207

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

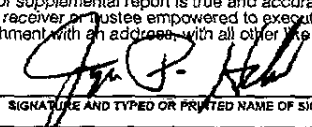
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HELOW, JOSEPH P. 8228 SHADY GROVE ROAD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIMMONS, SIDNEY S. II 2950 ARAPAHOE AVE. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TOCE, DONALD A. P.O. BOX 54015 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TIERNEY, WILLIAM J. 3510 N. RIDE DRIVE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEITZ, WILLIAM C. 950 LAKERIDGE ORANGE PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

110000383988
01/13/06-80021-024 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 the empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-06 (904) 636-0591