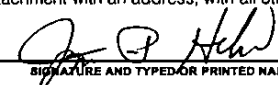


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90018 015 ****61.25

DOCUMENT # N30691 1. Entity Name CATHOLIC CHARITIES EMPLOYMENT PROGRAMS, INC.					
Principal Place of Business 9140 GOLFSIDE DR. SUITE 7 JACKSONVILLE, FL 32256			Mailing Address 9140 GOLFSIDE DR. SUITE 7 JACKSONVILLE, FL 32256		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
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			7. Name and Address of New Registered Agent Name Sidney Simmons Street Address (P.O. Box Number is Not Acceptable) 1050 Riverside Avenue City Jacksonville FL Zip Code 32204		
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, 2008		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	D ☐ Delete HELOW, JOSEPH P. 8228 SHADY GROVE ROAD JACKSONVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete SIMMONS, SIDNEY S. II 2950 ARAPAHOE AVE. JACKSONVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete TOCE, DONALD A. P.O. BOX 54015 JACKSONVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete TIERNEY, WILLIAM J. 3510 N. RIDE DRIVE JACKSONVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete BEITZ, WILLIAM C. 950 LAKERIDGE ORANGE PARK, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 8227 Ashworth Court Jacksonville, FL 32256	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 like empowered.					
SIGNATURE: 			Joseph P. Helow		3-18-07 (901) 636-0591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #