2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#714791

FILED Apr 24, 2008 Secretary of State

Entity Name: CATHOLIC CHARITIES OF CENTRAL FLORIDA. INC

	Principal Place	e of Business:	New Prince	New Principal Place of Business:		
771 N. SEMORAN BLVD PRLANDO, FL 32807				1819 N. SEMORAN BLVD ORLANDO, FL 32807		
urrent N	Mailing Addres	ss:	New Maili	New Mailing Address:		
771 N. SEMORAN BLVD RLANDO, FL 32807				1819 N. SEMORAN BLVD ORLANDO, FL 32807		
El Numbe	r: 59-1214353	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired (X)	
ame an	d Address of (Current Registered Agent:	Name and	l Address of	New Registered Agent:	
771 N. Ś	, ARNE J SEMORAN BLV O, FL 32807	D US	1819 N. Śl	NELSON, ARNE J 1819 N. SEMORAN BLVD ORLANDO, FL 32807 US		
	e named entity te of Florida.	submits this statement for the	e purpose of changing	its registered	office or registered agent, or both	
IGNATU	JRE:				04/24/2008	
	Electro	nic Signature of Registered A	Agent		Date	
FFICER	S AND DIREC	TORS:	ADDITION	NS/CHANGE	S TO OFFICERS AND DIRECTO	
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ldress:	GILARDI, PAM 1417 SHADEW LAKE MARY, F	ELL CIRCLE	Name: Address: City-St-Zip:			
ldress: ty-St-Zip: le: ume: ldress:	1417 SHADEW LAKE MARY, F D (SCIORTINO, J 2542 SOUTH I	/ELL CIRCLE EL 32746) Delete OSEPH MR. PENINSULA DRIVE	Address:		()Change ()Addition	
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ARNE J. NELSON CEO 04/24/2008