## 2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 711856** 

Entity Name: CATHOLIC HOUSING FOR THE ELDERLY & HANDICAPPED,

INC

**Current Principal Place of Business:** 

11410 N. KENDALL DR

STE 306

MIAMI, FL 33176

## **Current Mailing Address:**

11410 N. KENDALL DR STE 306 MIAMI, FL 33176 US

FEI Number: 59-1097836 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

FITZGERALD, J. PATRICK ESQ.
J. PATRICK FITZGERALD & ASSOCIATES, P.A.
110 MERRICK WAY SUITE 3-B
CORAL GABLES, FL 33134 US

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: J. PATRICK FITZGERALD, ESQ.

11/02/2021

**FILED** 

Nov 02, 2021

Secretary of State 9277808808CC

Electronic Signature of Registered Agent

Date

## Officer/Director Detail:

Title VCSD Title P

Name WORLEY, SR. ELIZABETH A SSJ Name PALLIN, ARISTIDES

Address 9401 BISCAYNE BLVD Address CATHOLIC HEALTH SERVICES, INC.

City-State-Zip: MIAMI SHORES FL 33138 4790 N STATE RD 7

City-State-Zip: LAUDERDALE LAKES FL 33319

Title CD Title

Name LAWSON, RALPH E Name PANCIERA, MARK J

Address 6041 NW 74 TERRACE Address 6001 NORTH OCEAN DRIVE, #1202

City-State-Zip: PARKLAND FL 33067 City-State-Zip: HOLLYWOOD FL 33019

Title ASD

Name ZIRILLI, REV. DAVID V.F.

Address 5220 JOHNSON STREET

City-State-Zip: HOLLYWOOD FL 33021

I hereby 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 all other like empowered.

SIGNATURE: ARISTIDES PALLIN P 11/02/2021