

**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

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VCSD  
Name WORLEY, SR. ELIZABETH A SSJ  
Address 9401 BISCAYNE BLVD  
City-State-Zip: MIAMI SHORES FL 33138

Title P  
Name PALLIN, ARISTIDES  
Address CATHOLIC HEALTH SERVICES, INC.  
4790 N STATE RD 7  
City-State-Zip: LAUDERDALE LAKES FL 33319

Title CD  
Name LAWSON, RALPH E  
Address 6041 NW 74 TERRACE  
City-State-Zip: PARKLAND FL 33067

Title D  
Name PANCIERA, MARK J  
Address 6001 NORTH OCEAN DRIVE, #1202  
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

