

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711856

Entity Name: CATHOLIC HOUSING FOR THE ELDERLY & HANDICAPPED, INC.**FILED**
Mar 21, 2017
Secretary of State
CC4240072222**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: Yes****Name and Address of Current Registered Agent:**FITZGERALD, J. PATRICK
110 MERRICK WAY
SUITE 3B
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title VCSD
Name WORLEY, ELIZABETH A
Address C/O 9401 BISCAYNE BLVD
City-State-Zip: MIAMI SHORES FL 33138Title P
Name CATANIA, JOSEPH M
Address 291 N.W. 43 AVE.
City-State-Zip: COCONUT CREEK FL 33066Title CD
Name LAWSON, RALPH E
Address C/O 6855 RED ROAD, STE. 600
City-State-Zip: CORAL GABLES FL 33143Title ASD
Name MARIN, TOMAS
Address C/O 5400 S.W. 102 AVENUE
City-State-Zip: MIAMI FL 33165Title DIRECTOR
Name PANCIERA, MARK J
Address 6001 NORTH OCEAN DRIVE, #1202
City-State-Zip: HOLLYWOOD FL 33019

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: JOSEPH M. CATANIA**PRESIDENT****03/21/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date