2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 711856

Entity Name: CATHOLIC HOUSING FOR THE ELDERLY & HANDICAPPED,

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.

MIAMI SHORES FL 33138

04/19/2024

FILED

Apr 19, 2024

Secretary of State 1647931680CC

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

City-State-Zip:

Title **VCSD** Title Ρ

WORLEY, SSJ, ELIZABETH A. SR. FRICK, MARY JO CEO Name Name

CATHOLIC HEALTH SERVICES, INC. ARCHDIOCESE OF MIAMI Address Address

9401 BISCAYNE BLVD 4790 N STATE RD 7

Title Title AS

LAWSON, RALPH E. FITZGERALD, J. PATRICK ESQ. Name Name

6041 NW 74 TERRACE J. PATRICK FITZGERALD & Address Address

ASSOCIATES, P.A. City-State-Zip: PARKLAND FL 33067

110 MERRICK WAY SUITE 3B

City-State-Zip:

City-State-Zip: CORAL GABLES FL 33134 Title D

Name PALAMARA, PATRICIA Title D

5751 N. STERLING RANCH DRIVE Address Name FARREY, BUD

City-State-Zip: DAVIE FL 33314 Address 1315 BAY TERRACE

City-State-Zip: NORTH BAY VILLAGE FL 33141 Title D

Name TAYLOR, PATRICK DR. Title

Name ROMANO, VICTOR DR. Address 35 CIRCUIT ROAD 725 NE 114 STREET Address City-State-Zip: CAPE NEDDICK ME 03902

> BISCAYNE PARK FL 33161 City-State-Zip:

LAUDERDALE LAKES FL 33319

Continues on page 2

Р 04/19/2024 SIGNATURE: MARY JO FRICK, CEO

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.

Officer/Director Detail Continued:

Title D

Name ANTON, III, MANUEL P. DR. Address 11233 SW 72 AVENUE

City-State-Zip: PINECREST FL 33156

Title D

Name STAUB, JULIE

Address 7221 SW 6TH STREET
City-State-Zip: PLANTATION FL 33317

Title D

Name CATALLO, CHRISTOPHER

Address 840 JACK PINE DRIVE

City-State-Zip: OAKLAND MI 48306