

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711856

Entity Name: CATHOLIC HOUSING FOR THE ELDERLY & HANDICAPPED, INC.**FILED**
Apr 02, 2014
Secretary of State
CC7661664412**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
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 33138
Title	CD
Name	LAWSON, RALPH E
Address	C/O 6855 RED ROAD, STE. 600
City-State-Zip:	CORAL GABLES FL 33143
Title	ASD
Name	MARIN, TOMAS
Address	C/O 5400 S.W. 102 AVENUE
City-State-Zip:	MIAMI FL 33165

Title	P
Name	CATANIA, JOSEPH M
Address	291 N.W. 43 AVE.
City-State-Zip:	COCONUT CREEK FL 33066
Title	D
Name	CASALE, FRANKLYN
Address	C/O 16401 N.W. 37 AVENUE
City-State-Zip:	MIAMI FL 33054
Title	D
Name	JAMAL, ASIF
Address	1028 COTORRO AVENUE
City-State-Zip:	CORAL GABLES FL 33146

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 & CEO****04/02/2014**

Electronic Signature of Signing Officer/Director Detail

Date