

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714791

FILED
Jan 13, 2015
Secretary of State
CC1767614921

Entity Name: CATHOLIC CHARITIES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

1819 N. SEMORAN BLVD
ORLANDO, FL 32807

Current Mailing Address:

1819 N. SEMORAN BLVD
ORLANDO, FL 32807

FEI Number: 59-1214353

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BURANOSKY, JOSEPH F
1819 N. SEMORAN BLVD
ORLANDO, FL 32807 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: JOSEPH F. BURANOSKY

01/13/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIR
Name GARDNER, CHRISTOPHER J
Address 1819 N. SEMORAN BLVD
City-State-Zip: ORLANDO FL 32807

Title SECRETARY
Name AGUILAR, JOSHUA
Address 1819 N. SEMORAN BLVD
City-State-Zip: ORLANDO FL 32807

Title TREASURER
Name FRECHETTE, CAROL A MS
Address 1819 N. SEMORAN BLVD
City-State-Zip: ORLANDO FL 32807

Title DIRECTOR
Name BRADICK, RAYMOND
Address 1819 N. SEMORAN BLVD
City-State-Zip: ORLANDO FL 32807

Title DIRECTOR
Name CARR, KATHY
Address 1819 N. SEMORAN BLVD
City-State-Zip: ORLANDO FL 32807

Title DIRECTOR
Name DAVENPORT, NATHIN
Address 1819 N. SEMORAN BLVD
City-State-Zip: ORLANDO FL 32807

Title DIRECTOR
Name FERNANDEZ, DAVID DR.
Address 1819 N. SEMORAN BLVD
City-State-Zip: ORLANDO FL 32807

Title DIRECTOR
Name RAMOS, DAVID
Address 1819 N. SEMORAN BLVD
City-State-Zip: ORLANDO FL 32807

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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 F. BURANOSKY

EXECUTIVE DIRECTOR

01/13/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ROCHA, JULIO
Address 1819 N. SEMORAN BLVD
City-State-Zip: ORLANDO FL 32807

Title DIRECTOR
Name WALLACE, MARY
Address 1819 N. SEMORAN BLVD
City-State-Zip: ORLANDO FL 32807

Title CFO
Name RAMIREZ, JOSEPH
Address 1819 N. SEMORAN BLVD
City-State-Zip: ORLANDO FL 32807

Title EXECUTIVE DIRECTOR
Name BURANOSKY, JOSEPH F.
Address 1819 N. SEMORAN BLVD
City-State-Zip: ORLANDO FL 32807

Title DIRECTOR
Name ROSSI , ANTHONY
Address 1819 N. SEMORAN BLVD
City-State-Zip: ORLANDO FL 32807

Title DIRECTOR
Name JOHNSON , JAMES
Address 1819 N. SEMORAN BLVD
City-State-Zip: ORLANDO FL 32807

Title DIRECTOR
Name SCHUHMACHER, ROSI
Address 1819 N. SEMORAN BLVD
City-State-Zip: ORLANDO FL 32807

Title PASTOR
Name AKALUE, EMMANUEL REV.
Address 1819 N. SEMORAN BLVD
City-State-Zip: ORLANDO FL 32807

Title VP
Name BEARY-CROSON , KAREN
Address 1819 N. SEMORAN BLVD
City-State-Zip: ORLANDO FL 32807

Title VC
Name KARP , WILLIAM
Address 1819 N. SEMORAN BLVD
City-State-Zip: ORLANDO FL 32807

Title DIRECTOR
Name STOKES , BRIAN
Address 1819 N. SEMORAN BLVD
City-State-Zip: ORLANDO FL 32807