

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 714791

**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 US

**FEI Number:** 59-1214353

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RAMIREZ, JOSEPH  
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:** GARY Q. TESTER

01/19/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title PRESIDENT, EX-OFFICIO  
Name TESTER, GARY Q  
Address 1819 N. SEMORAN BLVD  
City-State-Zip: ORLANDO FL 32807

Title VICE-CHAIR  
Name MORGAN, ULTIMA  
Address 1819 N. SEMORAN BLVD  
City-State-Zip: ORLANDO FL 32807

Title SECRETARY  
Name LYNN, MARK  
Address 1819 N SEMORAN BLVD  
City-State-Zip: ORLANDO FL 32807

Title EX-OFFICIO  
Name CASEY, KEVIN  
Address 1819 N SEMORAN BLVD  
City-State-Zip: ORLANDO FL 32807

Title TREASURER  
Name WILLETT, SAM  
Address 1819 N. SEMORAN BLVD  
City-State-Zip: ORLANDO FL 32807

Title DIRECTOR  
Name DUWELL, FR. RALPH  
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 RAMIREZ

CFOO

01/19/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR, (CSS CHAIR)  
Name GASSMAN, DEACON JOE  
Address 1819 NORTH SEMORAN BLVD  
City-State-Zip: ORLANDO FL 32807

Title DIRECTOR  
Name VANGJEL, PETER  
Address 1819 NORTH SEMORAN BLVD  
City-State-Zip: ORLANDO FL 32807

Title DIRECTOR  
Name ARBOLEDA, SERGIO A  
Address 1819 NORTH SEMORAN BLVD  
City-State-Zip: ORLANDO FL 32807

Title MEMBER (HCS CHAIR)  
Name VAN CAULIL, KAREN  
Address 1819 NORTH SEMORAN BLVD  
City-State-Zip: ORLANDO FL 32807

Title DIRECTOR  
Name HUNTER, JOEL A DR.  
Address 1819 NORTH SEMORAN BLVD  
City-State-Zip: ORLANDO FL 32807

Title DIRECTOR (HOUSING CHAIR)  
Name ASTA, RICK A  
Address 1819 NORTH SEMORAN BLVD  
City-State-Zip: ORLANDO FL 32807

Title DIRECTOR  
Name MOODY, JAMES A  
Address 1819 NORTH SEMORAN BLVD  
City-State-Zip: ORLANDO FL 32807