

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 714791

**FILED**  
**Jan 30, 2017**  
**Secretary of State**  
**CC1557439805**

**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:** No

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

TESTER, GARY Q  
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

01/30/2017

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 TREASURER  
Name FRECHETTE , CAROL A MS  
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

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 TESTER, GARY Q  
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 ROSSI , ANTHONY  
Address 1819 N. SEMORAN BLVD  
City-State-Zip: ORLANDO FL 32807

**Continues on page 2**

*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 A. RAMIREZ

CFO

01/30/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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