

2013 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**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

01/16/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIR
Name GARDNER, CHRISTOPHER J
Address 1270 N. ORANGE AVE
City-State-Zip: WINTER PARK FL 32789

Title T
Name AGUILAR, JOSHUA MR.
Address 108 SALT CREEK DRIVE
City-State-Zip: PONTE VEDRA FL 32082

Title VICE CHAIR
Name STEVENS, BRIAN
Address 2731 FRENCH AVE
City-State-Zip: LAKELAND FL 33801

Title D
Name DURIS, COLLEEN MS. ESQ.
Address 500 NE 8TH STREET
City-State-Zip: OCALA FL 34470

Title D
Name MEANS, RANDY MR
Address 100 RIVERSIDE DRIVE
505
City-State-Zip: COCOA FL 32922

Title D
Name FRECHETTE, CAROL A MS
Address 4837 WINGROVE BLVD
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR
Name BRADICK, RAYMOND
Address 617 VASSAR STREET
City-State-Zip: ORLANDO FL 32804

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: CHRISTOPHER GARDNER

CHAIR

01/16/2013

Electronic Signature of Signing Officer/Director Detail

Date