

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:** 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

07/31/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title CHAIRMAN  
Name STOKES , BRIAN  
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

**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

07/31/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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