

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