

2017 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:** 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 DIRECTOR
Name RAMOS, DAVID
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 VC
Name KARP, WILLIAM
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 WALLACE, MARY
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 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 MRS.
Name MORGAN, ULTIMA
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