

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008631

Entity Name: THE CATHOLIC FOUNDATION OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

50 EAST ROBINSON STREET
ORLANDO, FL 32801

Current Mailing Address:

50 EAST ROBINSON STREET
ORLANDO, FL 32801

FEI Number: 26-0879378

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PRESIDENT
Name RILEY, KIMBERLEE
Address 50 EAST ROBINSON STREET
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name ZOLLO, VICTOR A JR.
Address 50 EAST ROBINSON STREET
City-State-Zip: ORLANDO FL 32801

Title CHAIRMAN
Name EVORA, ORLANDO L
Address 50 EAST ROBINSON STREET
City-State-Zip: ORLANDO FL 32801

Title TREASURER, DIRECTOR
Name KANCILIA, JOHN
Address 50 EAST ROBINSON STREET
City-State-Zip: ORLANDO FL 32801

Title D
Name CROSON, JAMES A
Address 50 EAST ROBINSON STREET
City-State-Zip: ORLANDO FL 32801

Title D
Name STRUBE, RICHARD
Address 50 EAST ROBINSON STREET
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name PARKES, STEPHEN D FR
Address 50 EAST ROBINSON STREET
City-State-Zip: ORLANDO FL 32801

Title VC
Name CHANDLER, THOMAS
Address 50 EAST ROBINSON STREET
City-State-Zip: ORLANDO FL 32801

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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: SUSAN HUNT

DIRECTOR OF FINANCE

02/05/2018

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HENKLEMAN, RON
Address 50 EAST ROBINSON STREET
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name HOLMES, BOB
Address 50 EAST ROBINSON STREET
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name WALLACE, ERIN J
Address 50 EAST ROBINSON STREET
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name ZEPF, STEPHEN
Address 50 EAST ROBINSON STREET
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name MCLAUGHLIN, MIKE DR.
Address 50 EAST ROBINSON STREET
City-State-Zip: ORLANDO FL 32801

Title COMPTROLLER
Name HUNT, SUSAN
Address 50 E ROBINSON ST
City-State-Zip: ORLANDO FL 32801-1619

Title DIRECTOR
Name HOLM, ERIC A
Address 50 EAST ROBINSON STREET
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name BOWLER, KEVIN F.
Address 50 EAST ROBINSON STREET
City-State-Zip: ORLANDO FL 32801

Title CHAIR EMERITUS
Name KEEN, ALLAN E
Address 50 EAST ROBINSON STREET
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name OLMO, IVAN FR.
Address 50 EAST ROBINSON STREET
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name TOLLAND, LORI MS.
Address 50 EAST ROBINSON STREET
City-State-Zip: ORLANDO FL 32801