

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000008631

**FILED**  
**Mar 17, 2023**  
**Secretary of State**  
**3589677135CC**

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

**Current Principal Place of Business:**

50 EAST ROBINSON STREET  
ORLANDO, FL 32801

**Current Mailing Address:**

P. O. BOX 4905  
ORLANDO, FL 32802 US

**FEI Number: 26-0879378**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SHUFFIELD, LOWMAN  
1000 LEGION PLACE, SUITE 1700  
ORLANDO, FL 32801 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:** WILLIAM LOWMAN

03/17/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, CEO  
Name            RILEY, KIMBERLEE  
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            CHAIRMAN, DIRECTOR  
Name            CHANDLER, THOMAS  
Address        50 EAST ROBINSON STREET  
City-State-Zip: ORLANDO FL 32801

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

Title            DIRECTOR  
Name            OLMO, IVAN VERY REV.  
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

Title            CFO, VP  
Name            HERALD, NIA  
Address        50 E ROBINSON ST  
City-State-Zip: ORLANDO FL 32801-1619

Title            DIRECTOR  
Name            MONTELEONE, KAREN  
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:** NIA HERALD

VP, CFO

03/17/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name TROUT, RICHARD VERY REV.  
Address 50 EAST ROBINSON STREET  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name ACOSTA, MARIA THERESA SISTER  
Address 50 EAST ROBINSON STREET  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name KRYGER, ROBERT DR.  
Address P. O. BOX 4905  
City-State-Zip: ORLANDO FL 32802

Title VP, DONOR SERVICES  
Name WEED, MADELYN  
Address 50 EAST ROBINSON STREET  
City-State-Zip: ORLANDO FL 32801

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

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

Title DIRECTOR  
Name GIEL, JOHN VERY REV.  
Address 50 EAST ROBINSON STREET  
City-State-Zip: ORLANDO FL 32801

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

Title VP, COMMUNITY SERVICES  
Name SWEENEY, MARTA  
Address 50 EAST ROBINSON STREET  
City-State-Zip: ORLANDO FL 32801

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

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

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