

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000008631

**FILED**  
**Mar 04, 2016**  
**Secretary of State**  
**CC6562674613**

**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            **CAO**  
Name            **POST, MEGHAN**  
Address         **50 EAST ROBINSON STREET**  
City-State-Zip: **ORLANDO FL 32801**

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

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

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

**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: MEGHAN POST**

**PRESIDENT**

**03/04/2016**

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 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 NOONAN, JOHN BISHOP  
Address 50 EAST ROBINSON STREET  
City-State-Zip: ORLANDO FL 32801