

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008631

FILED
Apr 21, 2014
Secretary of State
CC8328946536

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 **ZEPF, J S**
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**

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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: MEGHAN POST

PRESIDENT

04/21/2014

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

Title DIRECTOR
Name KANCILIA, JOHN R
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