

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011072

Entity Name: CATHOLIC CHARITIES FOUNDATION OF THE DIOCESE OF
PALM BEACH, INC**Current Principal Place of Business:**9995 N. MILITARY TRAIL
PALM BEACH GARDENS, FL 33410**Current Mailing Address:**POST OFFICE BOX 109650
PALM BEACH GARDENS, FL 33410-9650**FEI Number: 26-1467328****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FITZGERALD, J. PATRICK ESQ.
110 MERRICK WAY
SUITE 3-B
CORAL GABLES, FL 33134 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	PD
Name	MCNULTY, MARIETTA
Address	9999 NORTH MILITARY TRAIL
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	SD
Name	FANJUL, CATHERINE
Address	9995 NORTH MILITARY TRAIL
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	TD
Name	COCORULLO, LOUIS MARK CFP
Address	9995 NORTH MILITARY TRAIL
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	VPD
Name	MURPHY, TERRENCE
Address	9995 N. MILITARY TRAIL
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	D
Name	GENDUSA, VITO
Address	9995 NORTH MILITARY TRAIL
City-State-Zip:	PALM BEACH GARDENS FL 33410

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: VITO GENDUSA**DIRECTOR****05/22/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date