

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000148

Entity Name: CATHOLIC FELLOWSHIP, INC.**Current Principal Place of Business:**144 OYSTER CATCHER CIRCLE
SAINT AUGUSTINE, FL 32080**Current Mailing Address:**144 OYSTER CATCHER CIRCLE
SAINT AUGUSTINE, FL 32080**FEI Number: 59-3553401****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BENISCHECK, FRANK
144 OYSTER CATCHER CIRCLE
ST AUGUSTINE, FL 32080 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	BENISCHECK, FRANK
Address	144 OYSTER CATCHER CIRCLE
City-State-Zip:	SAINT AUGUSTINE FL 32080
Title	DIRECTOR
Name	TRUJILLO, ROBERT FATHER
Address	C/O EPIPHANY CATHOLIC CHURCH 1905 SW EPIPHANY CT
City-State-Zip:	LAKE CITY FL 32025
Title	DIRECTOR
Name	PSEMENEKI, TED BROTHER
Address	2302 MISSION RD
City-State-Zip:	TALLAHASSEE FL 32304

Title	SD
Name	LOMBANA-ARAGNO, JOYCE
Address	8375 A1A SOUTH
City-State-Zip:	SAINT AUGUSTINE FL 32080
Title	DIRECTOR
Name	BUNSA, RAHL BROTHER
Address	2302 MISSION ROAD
City-State-Zip:	TALLAHASSEE FL 32304

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: FRANK BENISCHECK**PRESIDENT****01/28/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date