

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 705044 (6)

1. Corporation Name

CATHOLIC HOME FOR CHILDREN INC



Principal Place of Business

Mailing Address

**18601 SW 97 AVE
MIAMI FL 33157
US**

**9401 BISCAYNE BLVD.
MIAMI FL 33138-2970**

3. Date Incorporated or Qualified

01/11/1963

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FITZGERALD, J. PATRICK
110 MERRICK WAY, 2C
CORAL GABLES FL 33134**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**D
CODINA, ARMANDO
150 W. FLAGLER STREET
MIAMI FL**

TITLE ☐ DELETE

**PD
MCCARTHY, EDWARD A.
9401 BISCAYNE BLVD.
MIAMI FL**

TITLE ☐ DELETE

**SD
WALSH, BRYAN O.
9401 BISCAYNE BLVD.
MIAMI FL**

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SIGNATURE: **Msgr. Bryan O. Walsh** *Bryan O. Walsh*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/96
Date

305/754-2444
Daytime Phone

CR2E037 (12/95)