

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **710933** (3)
1. Corporation Name
CATHOLIC SOCIAL SERVICES, INC. OF PENSACOLA



Principal Place of Business Mailing Address
222 E. GOVERNMENT ST.
PENSACOLA FL 32501

3. Date Incorporated or Qualified **05/25/1966** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-0643775** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

WAITE, SR. MARY FRANCES MSBT MSW
222 E. GOVERNMENT ST.
PENSACOLA FL 32501-3019

10. Name and Address of New Registered Agent

81 Name **Kieran, Sister Ellen**
82 Street Address (P.O. Box Number is Not Acceptable)
222 East Government St.
83
84 City **Pensacola** FL 85 Zip Code **32501**

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 *Sister Ellen Kieran*
Signature typed or printed name of registered agent and title if applicable

Sister Ellen Kieran
Executive Director

3/1/96
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FURRY, MR. DONALD E.	
STREET ADDRESS	6802 KITTY HAWK DR.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EMMANUEL, ROBERT	
STREET ADDRESS	30 S. SPRING STREET	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WHIBBS, VINCE	
STREET ADDRESS	12 HILLBROOK WAY	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PELLETIER, MRS KATHY	
STREET ADDRESS	3520 MARJEAN DRIVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, WAYNE	
STREET ADDRESS	4300 W FRANCISCO #41	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PERRY, JOHN, MRS.	
STREET ADDRESS	5403 ADMIRAL DOYLE RD.	
CITY-ST-ZIP	PENSACOLA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Morein, Tulsa	
1.3 STREET ADDRESS	11000 University Pky., Bldg. 42	
1.4 CITY-ST-ZIP	Pensacola, FL 32514	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Godwin, Alvin O.	
3.3 STREET ADDRESS	4571 Terrasanta	
3.4 CITY-ST-ZIP	Pensacola, FL 32504	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Angermaier, Sister Clare Marie	
4.3 STREET ADDRESS	5151 North Ninth Avenue	
4.4 CITY-ST-ZIP	Pensacola, FL 32504	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Boylan, Gail	
5.3 STREET ADDRESS	1000 W. Moreno St.	
5.4 CITY-ST-ZIP	Pensacola, FL 32501	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Tulsa Morein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/96
Date

(904) 436-6410
Daytime Phone #

CR2E037 (12/95)