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FILED

Feb 26 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 32501222 E. GOVERNMENT ST.  
PENSACOLA FL 32501-80193. Date Incorporated or Qualified  
05/25/19663a. Date of Last Report  
03/13/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIERAN, SISTER ELLEN  
222 E. GOVERNMENT ST.  
PENSACOLA FL 32501-3019

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          | PD                            | <input type="checkbox"/> DELETE |
| NAME           | MOREIN, TULSA                 |                                 |
| STREET ADDRESS | 11000 UNIVERSITY PKWY BLDG 42 |                                 |
| CITY-ST-ZIP    | PENSACOLA FL                  |                                 |

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | D                   | <input type="checkbox"/> DELETE |
| NAME           | EMMANUEL, ROBERT    |                                 |
| STREET ADDRESS | 30 S. SPRING STREET |                                 |
| CITY-ST-ZIP    | PENSACOLA FL        |                                 |

|                    |   |
|--------------------|---|
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |

|                |                  |  |
|----------------|------------------|--|
| TITLE          | VD               | <input checked="" type="checkbox"/> DELETE |
| NAME           | GODWIN, ALVIN O. |  |
| STREET ADDRESS | 4571 TERRASANTA  |  |
| CITY-ST-ZIP    | PENSACOLA FL     |  |

|                    |                     |  |
|--------------------|---------------------|--|
| 3.1 TITLE          | VD                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | Maltby, Larry       |  |
| 3.3 STREET ADDRESS | 401 N. Baylen St.   |  |
| 3.4 CITY-ST-ZIP    | Pensacola, FL 32501 |  |

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | SD                        | <input type="checkbox"/> DELETE |
| NAME           | ANGERMAIER, SISTER CLAIRE |                                 |
| STREET ADDRESS | 5151 NORTH NINTH AVENUE   |                                 |
| CITY-ST-ZIP    | PENSACOLA FL              |                                 |

|                    |   |
|--------------------|---|
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | TD                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | BOYLAN, GAIL         |  |
| STREET ADDRESS | 1000 W MORENO STREET |  |
| CITY-ST-ZIP    | PENSACOLA FL         |  |

|                    |                      |  |
|--------------------|----------------------|--|
| 5.1 TITLE          | TD                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | Richard McMillan     |  |
| 5.3 STREET ADDRESS | 500 Bayfront Parkway |  |
| 5.4 CITY-ST-ZIP    | Pensacola, FL 32501  |  |

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | D                      | <input type="checkbox"/> DELETE |
| NAME           | PERRY, JOHN, MRS.      |                                 |
| STREET ADDRESS | 5403 ADMIRAL DOYLE RD. |                                 |
| CITY-ST-ZIP    | PENSACOLA FL           |                                 |

|                    |   |
|--------------------|---|
| 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/97 (904)436-6410

Date

Daytime Phone # 0072363

CR2E037 (9/96)