

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 # 711856 (5)

1. Corporation Name

CATHOLIC HOUSING FOR THE ELDERLY & HANDICAPPED, INC.



Principal Place of Business: 3075 N.W. 35TH AVENUE LAUDERDALE LAKES FL 33311
Mailing Address: 3075 N.W. 35TH AVENUE LAUDERDALE LAKES FL 33311

3. Date Incorporated or Qualified: 11/30/1966
3a. Date of Last Report: 03/09/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	59-1097836	Not Applicable
23	City & State	City & State	28	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	Country	29	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25			30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENNEKAMP, TOM	1.2 NAME	
STREET ADDRESS	1434 S MIAMI AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, EDWARD A.	2.2 NAME	
STREET ADDRESS	9401 BISCAYNE BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL	2.4 CITY-ST-ZIP	
TITLE	VT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHN, JOHN	3.2 NAME	HENNESSEY, WILLIAM
STREET ADDRESS	5601 S FLAMINGO RD	3.3 STREET ADDRESS	9401 BISCAYNE BOULEVARD
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	MIAMI SHORES, FLA. 33138
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, PAUL	4.2 NAME	
STREET ADDRESS	C/O 726 NW 1ST AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITTAKER, KENNETH	5.2 NAME	HONOLD, REV. THOMAS G.
STREET ADDRESS	7525 MW 2 AVE	5.3 STREET ADDRESS	3075 N.W. 35 AVENUE
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	LAUDERDALE LAKES, FLA. 33311
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSASCO, EDWARD	6.2 NAME	
STREET ADDRESS	3663 SOUTH MIAMI AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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: Thomas G. Honold 3/28/96 (305) 757-2824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Rev. Thomas G. Honold, Executive Vice President/Director

CR2E037 (12/95)