


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 26 1998 8:00am  
Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 711856 (5)**  
1. Corporation Name  
**CATHOLIC HOUSING FOR THE ELDERLY & HANDICAPPED, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>4740 N STATE ROAD 7<br/>SUITE 106-BLDG C<br/>LAUDERDALE LAKES FL 33319<br/>US</b> | Mailing Address<br><b>4740 N STATE ROAD 7<br/>SUITE 106-BLDG C<br/>LAUDERDALE LAKES FL 33319<br/>US</b> |
|---|---|

|  |                               |
|--|-------------------------------|
| <b>21</b> 2. Principal Place of Business | <b>26</b> 2a. Mailing Address |
| Suite, Apt. #, etc.                      | Suite, Apt. #, etc.           |
| <b>22</b> City & State                   | <b>27</b> City & State        |
| Zip                                      | Zip                           |
| <b>25</b> Country                        | <b>30</b> Country             |

|   |  |
|---|--|
| <b>3.</b> Date Incorporated or Qualified<br><b>11/30/1966</b>   |  |
| <b>4.</b> FEI Number<br><b>59-1097836</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| <b>5.</b> Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>7.</b> Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |
| <b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.<br><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**

|  |
|--|
| <b>81</b> Name   |
| <b>82</b> Street Address (P.O. Box Number is Not Acceptable) |
| <b>83</b>  |
| <b>84</b> City   |
| <b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | PD                            | <input type="checkbox"/> DELETE |
| NAME           | <b>PENNEKAMP, TOM</b>         |                                 |
| STREET ADDRESS | <b>1434 S MIAMI AVE</b>       |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL</b>               |                                 |
| TITLE          | VTD                           | <input type="checkbox"/> DELETE |
| NAME           | <b>HENNESSEY, WILLIAM</b>     |                                 |
| STREET ADDRESS | <b>9401 BISCAYNE BLVD</b>     |                                 |
| CITY-ST-ZIP    | <b>MIAMI SHORES FL</b>        |                                 |
| TITLE          | S                             | <input type="checkbox"/> DELETE |
| NAME           | <b>JOHNSON, PAUL</b>          |                                 |
| STREET ADDRESS | <b>C/O 726 NW 1ST AVE</b>     |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL</b>               |                                 |
| TITLE          | EVD                           | <input type="checkbox"/> DELETE |
| NAME           | <b>HONOLD, REV. THOMAS G.</b> |                                 |
| STREET ADDRESS | <b>3075 NW 35TH AVE</b>       |                                 |
| CITY-ST-ZIP    | <b>LAUDERDALE LAKES FL</b>    |                                 |
| TITLE          | D                             | <input type="checkbox"/> DELETE |
| NAME           | <b>ROSASCO, EDWARD</b>        |                                 |
| STREET ADDRESS | <b>3663 SOUTH MIAMI AVE.</b>  |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL</b>               |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 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          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS | <b>1050 N.E. 125 Street</b>  |
| 4.4 CITY-ST-ZIP    | <b>North Miami, Fla. 33161</b>   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 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 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: *Thomas G Honold* **Thomas G Honold** 2-18-98 305-891-8850 x6203

CR2E037 (10/97)