FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 714791 (1)

1. Corporation Name
CATHOLIC SOCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
1771 N. SEMORAN BLVD ORLANDO FL 32807	1771 N. SEMORAN BLVD ORLANDO FL 32807

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/19/1968**
3a. Date of Last Report: **03/08/1994**
4. FEI Number: **59-1214353** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AGLIO,THOMAS J 1771 N. SEMORAN BLVD ORLANDO FL 32807	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ______ NOTE: Registered Agent signature required when reinstating ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	S/T/D ☒ Change ☐ Addition
NAME	MURRAY, PATRICK	1.2 NAME	BROCKMAN, CHRISTOPHER
STREET ADDRESS	919 WILLOW RUN	1.3 STREET ADDRESS	2 S. ORANGE AVENUE
CITY ST ZIP	WINTER SPRINGS FL	1.4 CITY ST ZIP	ORLANDO, FL 32801
TITLE	DST	2.1 TITLE	VP/D ☒ Change ☐ Addition
NAME	DEVINE, PATRICIA	2.2 NAME	DEVINE, PATRICIA
STREET ADDRESS	25 INTERLAKEN ROAD	2.3 STREET ADDRESS	25 INTERLAKEN ROAD
CITY ST ZIP	ORLANDO FL	2.4 CITY ST ZIP	ORLANDO, FL
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	PHILLIPS, LEE E	3.2 NAME	
STREET ADDRESS	2633 CRESCENT LAKE COURT	3.3 STREET ADDRESS	
CITY ST ZIP	WINDEREMERE FL	3.4 CITY ST ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	DOHERTY, PATRICIA	4.2 NAME	
STREET ADDRESS	539 DELANEY AVE	4.3 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	4.4 CITY ST ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	GILLAN, BRENDAN	5.2 NAME	
STREET ADDRESS	4730 N. GOLDENROD ROAD	5.3 STREET ADDRESS	
CITY ST ZIP	WINTER PARK FL	5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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: Patricia M. Devine — 4/26/95 (Date) — 407-293-3441 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Patricia M. Devine

0033081