

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90077 041 ****70.00

DOCUMENT # 714791

1. Entity Name
CATHOLIC CHARITIES OF ORLANDO, INC.



Principal Place of Business
**1771 N. SEMORAN BLVD
ORLANDO, FL 32807**

Mailing Address
**1771 N. SEMORAN BLVD
ORLANDO, FL 32807**

50061410



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08092005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1214353

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RICHARDVILLE, S. GERALD
1771 N. SEMORAN BLVD
ORLANDO, FL 32807**

Name
Arne J. Nelson

Street Address (P.O. Box Number is Not Acceptable)
1771 N. Semoran Blvd.

City
Orlando

FL

Zip Code **32807**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **STD** ☐ Delete
NAME **MAYER, ROSEMARY OSM**
STREET ADDRESS **4680 LAKE UNDERHILL RD**
CITY-ST-ZIP **ORLANDO, FL 32807**

TITLE **D** ☐ Delete
NAME **CASEY, MARY**
STREET ADDRESS **2817 LAKE PINELoch BLVD**
CITY-ST-ZIP **ORLANDO, FL 32806**

TITLE **PD** ☐ Delete
NAME **DOHERTY, PATRICIA**
STREET ADDRESS **236 S. LUCERNE CIRCLE**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **D** ☐ Delete
NAME **HUGHES, ROBERT**
STREET ADDRESS **3413 CIMARRON DR**
CITY-ST-ZIP **ORLANDO, FL 32829**

TITLE **VPD** ☐ Delete
NAME **SANKS, TERRY**
STREET ADDRESS **655 OAK HOLLOW WAY**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE **D** ☐ Delete
NAME **BURKE, KENNETH**
STREET ADDRESS **3343 LAKEVIEW OAKS DRIVE**
CITY-ST-ZIP **LONGWOOD, FL 32779**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **STD** ☒ Change ☐ Addition
NAME **Mayer, Rosemary OSM**
STREET ADDRESS **7901 Sloop Place #104**
CITY-ST-ZIP **Orlando, FL 32825**

TITLE **D** ☒ Change ☐ Addition
NAME **Casey, Mary**
STREET ADDRESS **2917 Pineloch Blvd.**
CITY-ST-ZIP **Orlando, FL 32806**

TITLE **D** ☒ Change ☐ Addition
NAME **Doherty, Patricia**
STREET ADDRESS **236 S. Lucerne Circle**
CITY-ST-ZIP **Orlando FL 33801**

TITLE **D** ☐ Change ☐ Addition
NAME **Sanks, Terry M.**
STREET ADDRESS **390 N. Orange Ave. Suite 2500**
CITY-ST-ZIP **Orlando, FL 32801**

TITLE **PD** ☒ Change ☐ Addition
NAME **Sanks, Terry M.**
STREET ADDRESS **390 N. Orange Ave. Suite 2500**
CITY-ST-ZIP **Orlando, FL 32801**

TITLE **VP** ☒ Change ☐ Addition
NAME **Burke, Kenneth**
STREET ADDRESS **3343 Lakeview Oaks Drive**
CITY-ST-ZIP **Longwood, FL 32779**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9 Aug 05 407-658-1818