

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714791

FILED
Feb 22, 2007
Secretary of State

Entity Name: CATHOLIC CHARITIES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

1771 N. SEMORAN BLVD
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

1771 N. SEMORAN BLVD
ORLANDO, FL 32807

New Mailing Address:

FEI Number: 59-1214353 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NELSON, ARNE J
1771 N. SEMORAN BLVD
ORLANDO, FL 32807 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: GILARDI, PAMELA MRS.
Address: 1417 SHADEWELL CIRCLE
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: SCIORTINO, JOSEPH MR.
Address: 2542S SOUTH PENINSULA DRIVE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D () Delete
Name: HOESTEREY, STEVE MR.
Address: 5 S.E. 17TH STREET
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: BROWN-LEWIS, FRANCES MS.
Address: 9013 LAKE FISCHER BLVD
City-St-Zip: GOTH A, FL 34734

Title: PD () Delete
Name: SANKS, TERRY M MR.
Address: 390 N. ORANGE AVE. SUITE 2500
City-St-Zip: ORLANDO, FL 32801

Title: V () Delete
Name: BURKE, KENNETH MR.
Address: 3343 LAKEVIEW OAKS DRIVE
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SCIORTINO, JOSEPH MR.
Address: 2542 SOUTH PENINSULA DRIVE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HARMS, ALFRED G JR.
Address: 3100 TECHNOLOGY PARKWAY
City-St-Zip: ORLANDO, FL 32826

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRY M. SANKS

MR.

02/22/2007

Electronic Signature of Signing Officer or Director

_____ Date