

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 13, 2008
Secretary of State

DOCUMENT# 714791

Entity Name: CATHOLIC CHARITIES OF CENTRAL FLORIDA, INC.**Current Principal Place of Business:**1819 N. SEMORAN BLVD
ORLANDO, FL 32807**New Principal Place of Business:****Current Mailing Address:**1819 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 ()****Name and Address of Current Registered Agent:**NELSON, ARNE J
1819 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: 2542 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: HARMS, ALFRED G JR.
Address: 4000 CENTRAL FLORIDA BLVD
City-St-Zip: ORLANDO, FL 32816**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: PRESTON, ANDREW MR.
Address: 800 N. MAGNOLIA AVENUE, SUITE 900
City-St-Zip: ORLANDO, FL 32802**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: GILARDI, PAMELA MRS.
Address: 1417 SHADEWELL CIRCLE
City-St-Zip: LAKE MARY, FL 32746**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VPD (X) Change () Addition
Name: METCALF, DOUGLAS MR.
Address: 405 VIRGINIA DRIVE
City-St-Zip: WINTER PARK, FL 32789**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** STY (X) Change () Addition
Name: KUNCIS, JIM M MR.
Address: 1201 S. ORLANDO AVENUE SUITE 420
City-St-Zip: WINTER PARK, FL 32789**Title:** T (X) Change () Addition
Name: BOGART, ALISON MRS
Address: 1358 ENCLAVE DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify 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: ARNE NELSON

CEO

08/13/2008

Electronic Signature of Signing Officer or Director

Date