

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714791

FILED
Jan 23, 2009
Secretary of State

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 (X)

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: PD () 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: VPD () Delete
Name: METCALF, DOUGLAS MR.
Address: 405 VIRGINIA DRIVE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: HARMS, ALFRED G JR.
Address: 4000 CENTRAL FLORIDA BLVD
City-St-Zip: ORLANDO, FL 32816

Title: STY () Delete
Name: KUNCIS, JIM M MR.
Address: 1201 S. ORLANDO AVENUE SUITE 420
City-St-Zip: WINTER PARK, FL 32789

Title: T () Delete
Name: BOGART, ALISON MRS
Address: 1358 ENCLAVE DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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 J. NELSON

RA

01/23/2009

Electronic Signature of Signing Officer or Director

Date