

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714791

FILED
Feb 04, 2010
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: CH
Name: GILARDI, PAMELA MRS.
Address: 1417 SHADEWELL CIRCLE
City-St-Zip: LAKE MARY, FL 32746

Title: D
Name: GARDNER, CHRIS MR.
Address: 400 W. MORSE BLVD SUITE 101
City-St-Zip: WINTER PARK, FL 32789

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

Title: D
Name: FOX, MARY ANN MS.
Address: 100 MAGNOLIA OAK CIRCLE
City-St-Zip: LONGWOOD, FL 32779

Title: S
Name: NOWWISKIE, RONALD E MR.
Address: 1320 OAK FOREST DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: T
Name: HOFFMANN, CHRISTOPHER REV
Address: 1603 N. THACKER AVENUE
City-St-Zip: KISSIMMEE, FL 34741

I hereby 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 all other like empowered.

SIGNATURE: ARNE NELSON

CEO

02/04/2010

Electronic Signature of Signing Officer or Director

Date