FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

$61.25

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:48

DOCUMENT # **714807** (5)

1. Corporation Name

CATHOLIC CHARITIES, DIOCESE OF ST. PETERSBURG, I NC.

Principal Place of Business	Mailing Address
6533 9TH AVE N ST PETERSBERG FL 33710	6533 9TH AVE N ST PETERSBERG FL 33710

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/20/1968
3a. Date of Last Report: 03/02/1994
4. FEI Number: 59-0875805 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

DIVITO, JOSEPH
4514 CENTRAL AVENUE
ST PETERSBURG FL 33711

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	FAVALORA, JOHN C	12 NAME	FORBES, JEFFORY	
STREET ADDRESS	6363 9TH AVENUE NORTH	13 STREET ADDRESS	611 66th Avenue South	
CITY-ST-ZIP	ST. PETERSBURG FL	14 CITY-ST-ZIP	St. Petersburg, FL 33743	
TITLE	VCD	21 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME	MULDOON, BRENDAN	22 NAME	FITZGERALD, CHRISTOPHER	
STREET ADDRESS	6363 9TH AVENUE, NORTH	23 STREET ADDRESS	6533 9th Ave. No. Ste 1-E	
CITY-ST-ZIP	ST. PETERSBURG FL	24 CITY-ST-ZIP	St. Petersburg, FL 33710	
TITLE	SD	31 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	RUSSO, JAMES F	32 NAME	LABYAK, MARY	
STREET ADDRESS	2281 STATE ROAD 580	33 STREET ADDRESS	14820 Rue De Bayonne #304	
CITY-ST-ZIP	CLEARWATER FL	34 CITY-ST-ZIP	Clearwater, FL 34622	
TITLE	VD	41 TITLE	EXECUTIVE DIRECTOR	☐ Change ☒ Addition
NAME	ANDREWS, [illegible]	42 NAME	BEVACQUA, CHARLES V.	
STREET ADDRESS	[illegible]	43 STREET ADDRESS	6533 9th Avenue North, Suite 1-E	
CITY-ST-ZIP	ST PETERSBURG FL 33710	44 CITY-ST-ZIP	St. Petersburg, FL 33710	
TITLE	SD	51 TITLE		☐ Change ☐ Addition
NAME	MORGAN, PATRICIA	52 NAME		
STREET ADDRESS	6533 9TH AVE N	53 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33710	54 CITY-ST-ZIP		
TITLE	TD	61 TITLE		☐ Change ☐ Addition
NAME	ALLEN, JOHN	62 NAME		
STREET ADDRESS	4213 SYLVAN RAMBLE	63 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33609	64 CITY-ST-ZIP		

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Charles V. Bevacqua 4/24/95 (813) 345-3888
SIGNATURE AND TYPED OR PRINTED NAME OF INCOMING OFFICER OR DIRECTOR — Date — Daytime Phone #

0066129