

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90105 039 ****70.00

0053180

DOCUMENT # 714807

1. Corporation Name

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

Principal Place of Business

6533 9TH AVE N
ST PETERSBURG FL 33710

Mailing Address

6533 9TH AVE N
ST PETERSBURG FL 33710



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/20/1968

4. FEI Number

59-0875805

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME FORBES, JEFFORY
STREET ADDRESS 611-66TH AVENUE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE VCD ☐ DELETE

NAME MULDOON, BRENDAN
STREET ADDRESS 6363 9TH AVENUE, NORTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE VD ☐ DELETE

NAME FITZGERALD, CHRISTOPHER
STREET ADDRESS 6533-9TH AVE. NO. STE. 1E
CITY-ST-ZIP ST. PETERSBURG FL

TITLE SD ☐ DELETE

NAME ETTEB, DR MARY JEAN
STREET ADDRESS 7024 HIBISCUS AVE S
CITY-ST-ZIP ST PETERSBURG FL 33707

TITLE D ☐ DELETE

NAME DUFKE, JOHN
STREET ADDRESS 12680 FRANK DR S
CITY-ST-ZIP SEMINOLE FL 33776

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SD
ETTEN, DR MARY JEAN
7024 HIBISCUS AVE S
ST PETERSBURG FL 33707
DT
DUFKE, JOHN A
12680 FRANK DR S
SEMINOLE FL 33776

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99

(727) 893-1314 x211

Date

Daytime Phone #

CR2E037 (11/98)