

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738594

FILED
Jan 08, 2009
Secretary of State

Entity Name: CATHOLIC CHARITIES BUREAU, INC.

Current Principal Place of Business:

134 E. CHURCH STREET
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

134 E. CHURCH STREET
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-0862770

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEITZ, WILLIAM C
134 E CHURCH ST
JACKSONVILLE, FL 32202 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: GALEONE, VICTOR
Address: 11625 ST. AUGUSTINE RD.
City-St-Zip: JACKSONVILLE, FL 32258

Title: VP () Delete
Name: KELLEY, MAUREEN
Address: 2918 LAKE SHORE BLVD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: SD () Delete
Name: BEITZ, WILLIAM
Address: 134 E CHURCH ST
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: ALLEN, MARK
Address: 7882 HEATHER LAKE COURT. E.
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: CRAFT, DENNIS
Address: 316 ROYAL TERN RD, S.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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:

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: WILLIAM C. BEITZ

SD

01/08/2009

Electronic Signature of Signing Officer or Director

Date