FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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 FEB -8 AM 9:48

DOCUMENT # 741014 (5)

1. Corporation Name
CATHOLIC SOCIAL SERVICES, INC. OF PANAMA CITY

Principal Place of Business	Mailing Address
3128 E. 11TH STREET PANAMA CITY FL 32401	3128 E. 11TH STREET PANAMA CITY FL 32401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/12/1977
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-2187226 ☐ 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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

DICKENS, MARION M.
3128 E. 11TH STREET
PANAMA CITY FL 32401

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	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	DERBES, THOMAS	1.2 NAME	MAJOR KATHIE HALL	
STREET ADDRESS	2302 N. HARBOUR DRIVE	1.3 STREET ADDRESS	P.O. BOX 6291 N/K	
CITY-ST-ZIP	LYNN HAVEN FL	1.4 CITY-ST-ZIP	CALLAWAY FL 32404	
TITLE	D	2.1 TITLE	V	☒ Change ☐ Addition
NAME	HALL, KATHY	2.2 NAME	JAMES FANTASKI	
STREET ADDRESS	P.O. BOX 6291	2.3 STREET ADDRESS	3164 WOOD VALLEY ROAD	
CITY-ST-ZIP	CALLAWAY FL	2.4 CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	T	3.1 TITLE	T	☒ Change ☐ Addition
NAME	FANTASKI, JAMES	3.2 NAME	THOMAS CARNEY	
STREET ADDRESS	3164 WOOD VALLY ROAD	3.3 STREET ADDRESS	702 PENNSYLVANIA	
CITY-ST-ZIP	PANAMA CITY FL	3.4 CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	D	4.1 TITLE	S	☒ Change ☐ Addition
NAME	WORLEY, GINGER	4.2 NAME	LINDA JOSEPH	
STREET ADDRESS	289-B SUKOSHI DRIVE	4.3 STREET ADDRESS	464 SUDDITH DRIVE	
CITY-ST-ZIP	PANAMA CITY FL	4.4 CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	KOLK, JACALYN	5.2 NAME		
STREET ADDRESS	1610 BECK AVENUE	5.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	5.4 CITY-ST-ZIP		
TITLE	T	6.1 TITLE	D	☒ Change ☐ Addition
NAME	ORMSBY, JILL	6.2 NAME	TIM SLOAN	
STREET ADDRESS	1201 LINDENWOOD DRIVE	6.3 STREET ADDRESS	P.O. BOX 2327 N/K	
CITY-ST-ZIP	PANAMA CITY FL	6.4 CITY-ST-ZIP	PANAMA CITY FL 32402	

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)(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 added on an attachment with an address.

SIGNATURE: _____ 2/2/95 904 763 0176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JAMES FANTASKI

0029410