

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



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

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



3. Date Incorporated or Qualified <b>12/12/1977</b>	3a. Date of Last Report <b>02/08/1995</b>
4. FEI Number <b>59-2187226</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, MAJOR KATHIE	1.2 NAME	BOBBI BAKER
STREET ADDRESS	P O BOX 6291 N/A	1.3 STREET ADDRESS	2808 Woodmere Dr.
CITY-ST-ZIP	CALLAWAY FL	1.4 CITY-ST-ZIP	Panama City FL 32405
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANTASKI, JAMES	2.2 NAME	LEE LAPENSOHN
STREET ADDRESS	3164 WOOD VALLEY ROAD	2.3 STREET ADDRESS	15211 Hwy 77
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	Panama City FL 32409
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARNEY, THOMAS	3.2 NAME	ART GROOMES
STREET ADDRESS	702 PENNSYLVANIA	3.3 STREET ADDRESS	3736 Greentree Place
CITY-ST-ZIP	LYNN HAVEN FL	3.4 CITY-ST-ZIP	Panama City FL 32405
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH, LINDA	4.2 NAME	JEANNIE GREER
STREET ADDRESS	464 SUDDITH DR	4.3 STREET ADDRESS	6334-A Grassy Point Rd.
CITY-ST-ZIP	PANAMA CITY FL	4.4 CITY-ST-ZIP	Southport FL 32409
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLOAN, TIM	6.2 NAME	JAMES FANTASKI
STREET ADDRESS	P O BOX 2327 N/A	6.3 STREET ADDRESS	3164 Wood Valley Rd.
CITY-ST-ZIP	PANAMA CITY FL	6.4 CITY-ST-ZIP	Panama City FL 32405

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96

904 763 0176

Date

Daytime Phone #

CR2E037 (12/95)