

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Mar 29 1996 8:00 am  
Secretary of State

DOCUMENT # 741018 (6)

1. Corporation Name

CATHOLIC SOCIAL SERVICES, INC. OF FORT WALTON BEACH

Principal Place of Business

40 BEAL PARKWAY S.W.  
FT. WALTON BEACH FL 32548

Mailing Address

40 BEAL PARKWAY S.W.  
FT. WALTON BEACH FL 32548

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified  
12/12/1977

3a. Date of Last Report  
01/25/1995

4. FEI Number

59-2187199

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

DEADRICK, MARTHA N.  
40 BEAL PKWY, S.W.  
FT. WALTON BEACH FL 32548

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

700001764007

-04/01/96--01019--029

\*\*\*70.00

84 City

FL

85 Zip Code

M. 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 how it applies (NOTE: Registered Agent signature required when not applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BROWN, FRENCH III  
STREET ADDRESS 249 SLEEPY OAKS RD NW  
CITY-ST-ZIP FORT WALTON BEACH FL

TITLE VD ☒ DELETE

NAME TRUM, DONNA  
STREET ADDRESS 303 VAUGHN ST.  
CITY-ST-ZIP FORT WALTON BEACH FL

TITLE SD ☐ DELETE

NAME FREEMAN, NORMA  
STREET ADDRESS 900 GULF SHORE DR. #3115  
CITY-ST-ZIP DESTIN FL

TITLE D ☐ DELETE

NAME DEADRICK, MARTHA N.  
STREET ADDRESS 40 BEAL PKWY S.W.  
CITY-ST-ZIP FT WALTON BCH FL

TITLE TD ☐ DELETE

NAME WILLIAMS, GEORGE  
STREET ADDRESS 8 HAMPTON CT  
CITY-ST-ZIP MARY ESTHER FL

TITLE ED ☒ DELETE

NAME WAITE, MARY FRANCES S  
STREET ADDRESS 222 E GOVERNMENT  
CITY-ST-ZIP PENSACOLA FL

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

PD BROWN, FRENCH III  
249 SLEEPY OAKS RD NW  
FORT WALTON BEACH FL

VD ☐ Change ☒ Addition

NORMA FREEMAN  
900 GULF SHORE DR. #3115  
DESTIN, FL

SD ☐ Change ☐ Addition

FREEMAN, NORMA  
900 GULF SHORE DR. #3115  
DESTIN, FL

D ☐ Change ☐ Addition

DEADRICK, MARTHA N.  
40 BEAL PKWY S.W.  
FORT WALTON BEACH FL

TD ☐ Change ☐ Addition

WILLIAMS, GEORGE  
8 HAMPTON CT  
MARY ESTHER FL

ED ☐ Change ☒ Addition

KIERNEN, ELLEN S  
222 E. Government  
Pensacola, FL

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

2-14-96

Daytime Phone

CR2E037 (12/95)