


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

<b>DOCUMENT # 741018 (6)</b>
1. Corporation Name <b>CATHOLIC SOCIAL SERVICES, INC. OF FORT WALTON BEACH</b>
Principal Place of Business <b>40 BEAL PARKWAY S.W. FT. WALTON BEACH FL 32548</b>
Mailing Address <b>40 BEAL PARKWAY S.W. FT. WALTON BEACH FL 32548-5391</b>



3. Date Incorporated or Qualified <b>12/12/1977</b>		3a. Date of Last Report <b>03/29/1996</b>	
4. FEI Number <b>59-2187199</b>		Applied For <input type="checkbox"/> Not Applicable	
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 type="checkbox"/> No			

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

9. Name and Address of Current Registered Agent <b>DEADRICK, MARTHA N 40 BEAL PKWY, S.W. FT. WALTON BEACH FL 32548</b>		10. Name and Address of New Registered Agent <b>81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code</b>	
---	--	--	--

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 <i>Martha Deadrick</i>	DATE
(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	NAME <b>BROWN, FRENCH III</b>
STREET ADDRESS <b>249 SLEEPY OAKS RD NW</b>	CITY-ST-ZIP <b>FORT WALTON BEACH FL</b>
TITLE <b>VD</b>	NAME <b>FREEMAN, NORMA</b>
STREET ADDRESS <b>900 GULF SHORE DRIVE #3115</b>	CITY-ST-ZIP <b>DESTIN FL</b>
TITLE <b>ED</b>	NAME <b>KIERNEN, ELLEN S</b>
STREET ADDRESS <b>222 E. GOVERNMENT</b>	CITY-ST-ZIP <b>PENSACOLA FL</b>
TITLE <b>D</b>	NAME <b>DEADRICK, MARTHA N</b>
STREET ADDRESS <b>40 BEAL PKWY S.W.</b>	CITY-ST-ZIP <b>FT WALTON BCH FL</b>
TITLE <b>TD</b>	NAME <b>WILLIAMS, GEORGE</b>
STREET ADDRESS <b>8 HAMPTON CT</b>	CITY-ST-ZIP <b>MARY ESTHER FL</b>
TITLE <b>DELETE</b>	NAME <b>DELETE</b>
STREET ADDRESS <b>DELETE</b>	CITY-ST-ZIP <b>DELETE</b>
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>PD</b>	1.2 NAME <b>Norma E. Freeman</b>
1.3 STREET ADDRESS <b>900 Gulf Shore Dr. #3115</b>	1.4 CITY-ST-ZIP <b>Destin, FL 32541</b>
2.1 TITLE <b>VP/Secy</b>	2.2 NAME <b>Marie Kuhn</b>
2.3 STREET ADDRESS <b>202 22nd St.</b>	2.4 CITY-ST-ZIP <b>Niceville, FL 32579</b>
3.1 TITLE <b>ED</b>	3.2 NAME <b>Sister Ellen Kieren</b>
3.3 STREET ADDRESS <b>222 E. Governemnt St.</b>	3.4 CITY-ST-ZIP <b>Pensacola, FL</b>
4.1 TITLE <b>D</b>	4.2 NAME <b>Deadrick, Martha N.</b>
4.3 STREET ADDRESS <b>40 Beal Pkwy S.W.</b>	4.4 CITY-ST-ZIP <b>Ft. Walton Beach FL</b>
5.1 TITLE <b>TD</b>	5.2 NAME <b>George Williams</b>
5.3 STREET ADDRESS <b>8 Hampton Court</b>	5.4 CITY-ST-ZIP <b>Mary Esther, FL</b>
6.1 TITLE <b>DELETE</b>	6.2 NAME <b>DELETE</b>
6.3 STREET ADDRESS <b>DELETE</b>	6.4 CITY-ST-ZIP <b>DELETE</b>

14. I do 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.	
SIGNATURE: <i>Martha Deadrick</i>	Jan. 10, 1997 904-244-2825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E037 (9/96)