

FILE NOW: FILING FEE IS \$61.25

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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **741018** (6)

1. Corporation Name

CATHOLIC SOCIAL SERVICES, INC. OF FORT WALTON BEACH

Principal Place of Business
11 First Street, S.E.
40 BEAL PARKWAY S.W.
FT. WALTON BEACH FL 32548

Mailing Address
11 First Street, S.E.
40 BEAL PARKWAY S.W.
FT. WALTON BEACH FL 32548



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/12/1977	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 59-2187199	Applied For <input type="checkbox"/> Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEADRICK, MARTHA N
~~10 BEAL PARKWAY S.W.~~ **11 First Street, S.E.**
FT. WALTON BEACH FL 32548

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL

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	PD FREEMAN, NORMA E 900 GULF SHORE DR #3115 DESTIN FL	1.1 TITLE	PD Norma E. Freeman 185 Bay Tree Drive Destin, FL 32541
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VPS KUHN, MARIE 202 22ND ST NICEVILLE FL	2.1 TITLE	VPS Delores Pope 118 Rue Martine Destin, FL 32541
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	ED KIEREN, SISTER E 222 E GOVERNMENT ST PENSACOLA FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	D DEADRICK, MARTHA N 40 BEAL PKWY S.W. FT WALTON BCH FL	4.1 TITLE	D Martha N. Deadrick 11 First Street, S.E. Ft. Walton Beach, FL 32548
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	TD WILLIAMS, GEORGE 8 HAMPTON CT MARY ESTHER FL	5.1 TITLE	TD Terry Bridgford 135 Lakeview Drive Mary Esther, FL 32569
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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: 

Feb. 11, 1998 850-244-2825

CR2E037 (10/97)