

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90026 046 ****61.25

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DOCUMENT # 741018

1. Corporation Name

CATHOLIC CHARITIES OF FORT WALTON BEACH, INC.

Principal Place of Business

11 FIRST ST SE
FT. WALTON BEACH FL 32548
US

Mailing Address

11 FIRST ST SE
FT. WALTON BEACH FL 32548
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 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

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

9. Name and Address of Current Registered Agent

DEADRICK, MARTHA N
11 FIRST ST SE
FT. WALTON BEACH FL 32548

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 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

TITLE PD
NAME FREEMAN, NORMA E
STREET ADDRESS 185 BAY TREE DR
CITY-ST-ZIP DESTIN FL 32541 ☒ DELETE

TITLE VPS
NAME DELORES POPE
STREET ADDRESS 118 RUE MARTINE
CITY-ST-ZIP DESTIN FL 32541 ☐ DELETE

TITLE ED
NAME KIEREN, SISTER E
STREET ADDRESS 222 E GOVERNMENT ST
CITY-ST-ZIP PENSACOLA FL ☐ DELETE

TITLE D
NAME MARTHA N DEADRICK
STREET ADDRESS 11 FIRST ST SE
CITY-ST-ZIP FT WALTON BCH FL 32548 ☐ DELETE

TITLE TD
NAME TERRY BRIDGFORD
STREET ADDRESS 135 LAKEVIEW DR
CITY-ST-ZIP MARY ESTHER FL 32569 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME RESER, IRENE
1.3 STREET ADDRESS 1195 N BAYSHORE DR
1.4 CITY-ST-ZIP VALPARAISO FL 32587 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99 850-244-2825
Date Daytime Phone #

CR2E037 (11/98)