

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741018

1. Entity Name

CATHOLIC CHARITIES OF FORT WALTON BEACH, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90302 020 \*\*\*\*61.25

Principal Place of Business

Mailing Address

11 FIRST ST SE  
FT. WALTON BEACH FL 32548  
US

11 FIRST ST SE  
FT. WALTON BEACH FL 32548-5839  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2187199

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

A0006381



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONAL OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete  
NAME RESER, IRENE  
STREET ADDRESS 1195 N. BAYSHORE DR.  
CITY-ST-ZIP VALPARAISO FL 32587

TITLE P ☒ Change ☐ Addition  
NAME Thomas Weidenhamer  
STREET ADDRESS 727 Legion Drive  
CITY-ST-ZIP Destin, FL 32541

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

TITLE VPS ☒ Change ☐ Addition  
NAME Susan Murphy  
STREET ADDRESS 653 Fairway Avenue  
CITY-ST-ZIP Fort Walton Beach, FL 32547

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE TD ☒ Change ☐ Addition  
NAME Nancy Weidenhamer  
STREET ADDRESS 727 Legion Drive  
CITY-ST-ZIP Destin, FL 32541

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/99

Date

850-244-2825

Daytime Phone #

CR2E037 (9/99)