FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **741065** **(7)**

1. Corporation Name

CATHOLIC SOCIAL SERVICES, INC. OF TALLAHASSEE

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
855 W. CAROLINA STREET P.O. BOX 20165 TALLAHASSEE FL 32304	855 W. CAROLINA STREET P.O. BOX 20165 TALLAHASSEE FL 32304

3. Date Incorporated or Qualified: **12/16/1977**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2194424** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

BLAIR, WENDY J., MSW
855 WEST CAROLINA STREET
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	11 TITLE		☐ Change ☐ Addition
NAME	SMITH, JOHN M., BISHOP	12 NAME		
STREET ADDRESS	P.O. BOX 17329 N/A	13 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32522-7329	14 CITY-ST-ZIP		
TITLE	DS	21 TITLE		☐ Change ☐ Addition
NAME	KUPISZWSKI, PHYLLIS	22 NAME		
STREET ADDRESS	2204 WOODLAWN DR	23 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP		
TITLE	DV	31 TITLE	Director	☒ Change ☐ Addition
NAME	HENDERSON, TIMOTHY J	32 NAME		
STREET ADDRESS	P.O. BOX 287 N/A	33 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303	34 CITY-ST-ZIP		
TITLE	DP	41 TITLE		☐ Change ☐ Addition
NAME	VOSSLER, ROBERT	42 NAME		
STREET ADDRESS	3506 WEST KILKENNY	43 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	Vice President	☒ Change ☐ Addition
NAME	EMMANUEL, STEPHEN C.	52 NAME		
STREET ADDRESS	227 S CALHOUN ST	53 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	54 CITY-ST-ZIP		
TITLE	DT	61 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, GLADYS	62 NAME		
STREET ADDRESS	522 CAMPBELL ST.	63 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	64 CITY-ST-ZIP		

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: Robert J. Vossler 1/28/95 (904) 942-8818
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027201