

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 741065 (7)
1. Corporation Name
CATHOLIC SOCIAL SERVICES, INC. OF TALLAHASSEE



Principal Place of Business 855 W. CAROLINA STREET P.O. BOX 20165 TALLAHASSEE FL 32304	Mailing Address 855 W. CAROLINA STREET P.O. BOX 20165 TALLAHASSEE FL 32304-7727
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2. Principal Place of Business 21		2a. Mailing Address 26 P.O. Box 20165		3. Date Incorporated or Qualified 12/16/1977	3a. Date of Last Report 05/01/1996
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2194424	Applied For Not Applicable
City & State 23		City & State 28 Tallahassee, Florida		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	Zip 29 32316	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent BLAIR, WENDY J., MSW 855 WEST CAROLINA STREET TALLAHASSEE FL 32304				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, ROSEMARY	1.2 NAME	Rosemary Gallagher
STREET ADDRESS	1214 WAVERLY ROAD	1.3 STREET ADDRESS	1214 Waverly Road
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Tallahassee, FL 32312
TITLE	DS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUPISZWSKI, PHYLLIS	2.2 NAME	Robert Vossler
STREET ADDRESS	2204 WOODLAWN DR	2.3 STREET ADDRESS	3506 Kilkenny West
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENDERSON, TIMOTHY J	3.2 NAME	Anthony Carvalho
STREET ADDRESS	P.O. BOX 287 N/A	3.3 STREET ADDRESS	2808 Walter Scott Rd.
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	Tallahassee, FL 32312
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VOSSLER, ROBERT	4.2 NAME	William Davis
STREET ADDRESS	3506 WEST KILKENNY	4.3 STREET ADDRESS	203 N. Gadsden St. #1
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMMANUEL, STEPHEN C.	5.2 NAME	Stephen C. Emmanuel
STREET ADDRESS	227 S CALHOUN ST	5.3 STREET ADDRESS	227 S. Calhoun St.
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	DT <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, GLADYS	6.2 NAME	Gladys Anderson
STREET ADDRESS	522 CAMPBELL ST.	6.3 STREET ADDRESS	522 Campbell St.
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	Tallahassee, FL 32310

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 produce 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.

CR2E037 (9/96)