

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
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90015 040 ****61.25

DOCUMENT # 741065

1. Corporation Name

CATHOLIC CHARITIES OF TALLAHASSEE, INC.

Principal Place of Business

855 W. CAROLINA STREET
P.O. BOX 20165
TALLAHASSEE FL 32304

Mailing Address

P.O. BOX 20165
TALLAHASSEE FL 32316
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/16/1977

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2194424

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☐ DELETE

NAME **GALLAGHER, ROSEMARY**
STREET ADDRESS **1214 WAVERLY ROAD**
CITY-ST-ZIP **TALLAHASSEE FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE

NAME **DAVIS, WILLIAM**
STREET ADDRESS **203 N GADSEN STE 1**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

2.1 TITLE **PD** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE

NAME **CARVALHO, ANTHONY**
STREET ADDRESS **2808 WALTER SCOTT RD**
CITY-ST-ZIP **TALLAHASSEE FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

NAME **COBURN, MARY**
STREET ADDRESS **3427 DERBYSHIRE CT**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE

NAME **EMMANUEL, STEPHEN C.**
STREET ADDRESS **227 S CALHOUN ST**
CITY-ST-ZIP **TALLAHASSEE FL**

5.1 TITLE **D** ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

NAME **ANDERSON, GLADYS**
STREET ADDRESS **522 CAMPBELL ST.**
CITY-ST-ZIP **TALLAHASSEE FL**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Davis

3/31/99

850/224-9037

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)