

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004481

FILED
Mar 03, 2009
Secretary of State

Entity Name: CATHOLIC NEAR EAST WELFARE ASSOCIATION, INC.

Current Principal Place of Business:

1011 FIRST AVE - 15TH FLOOR
NEW YORK, NY 100224195

New Principal Place of Business:

Current Mailing Address:

1011 FIRST AVE - 15TH FLOOR
NEW YORK, NY 100224195

New Mailing Address:

FEI Number: 13-1623929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARCONI, MICHAEL A
3310 NW 91ST STREET #25A
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

MARCONI, MICHAEL A
4080 NW CIRCLE
GAINESVILLE, FL 32605 US

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: MICHAEL A MARCONI

03/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SG () Delete
Name: STERN, ROBERT L
Address: 1011 FIRST AVE - 15TH FLOOR
City-St-Zip: NEW YORK, NY 100224195

Title: ASG () Delete
Name: FARIS, JOHN D
Address: 1011 FIRST AVE - 15TH FLOOR
City-St-Zip: NEW YORK, NY 100224195

Title: PT () Delete
Name: EGAN, EDWARD C
Address: 452 MADISON AVE
City-St-Zip: NEW YORK, NY 10022

Title: V () Delete
Name: OUELLET, MARC C
Address: 1073 BLVD RENE LEVESQUE OUEST
City-St-Zip: QUEBEC CANADA,

Title: D () Delete
Name: KEELER, WILLIAM C
Address: 320 CATHEDRAL STREET
City-St-Zip: BALTIMORE, MD 21201

Title: D () Delete
Name: GERVAIS, MARCEL A.J.
Address: 1247 KILBORN PLACE
City-St-Zip: OTTAWA CANADA,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PT (X) Change () Addition
Name: DOLAN, TIMOTHY M
Address: 1011 FIRST AVENUE
City-St-Zip: NEW YORK, NY 10022

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN D FARIS

ASG

03/03/2009

Electronic Signature of Signing Officer or Director

Date