

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90028 008 ****61.25

DOCUMENT # N01000008816

1. Entity Name
**CHARITABLE WORKS FOUNDATION OF THE DIOCESE
OF PALM BEACH, INC.**



Principal Place of Business
**9995 N. MILITARY TRAIL
PALM BEACH GARDENS, FL 33410**

Mailing Address
**POST OFFICE BOX 109650
PALM BEACH GARDENS, FL 33410-9650**

44049293



07152004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0566909

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**J. PATRICK FITZGERALD
110 MERRICK WAY
SUITE 3-B
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MONSIGNOR JOHN R. MCMAHON
STREET ADDRESS 9995 N. MILITARY TRAIL
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE VD
NAME MURPHY, RICHARD REV.
STREET ADDRESS 9995 N. MILITARY TRAIL
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE STD
NAME MURTAGH, JAMES REV.
STREET ADDRESS 9995 N. MILITARY TRAIL
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Thomas A. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/2004

Date Daytime Phone #