

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009871

FILED  
Mar 31, 2009  
Secretary of State

**Entity Name:** CATHOLIC COMMUNITY FOUNDATION OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

1000 PINEBROOK RD  
VENICE, FL 34292

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1268  
VENICE, FL 342841268

**New Mailing Address:**

1000 PINEBROOK RD  
VENICE, FL 34292

**FEI Number:** 54-2119051

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WATSON, BRAD  
1000 PINEBROOK RD  
VENICE, FL 34285 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WATSON, BRAD  
Address: 1000 PINEBROOK RD  
City-St-Zip: VENICE, FL 34285

Title: DV ( ) Delete  
Name: DESANTO, MARIA  
Address: 1000 PINEBROOK RD  
City-St-Zip: VENICE, FL 34285

Title: DS ( ) Delete  
Name: MESHAD, GAVIN  
Address: 1000 PINEBROOK RD  
City-St-Zip: VENICE, FL 34285

Title: DT ( ) Delete  
Name: MANONE, VITO  
Address: 1000 PINEBROOK RD  
City-St-Zip: VENICE, FL 34285

Title: D ( ) Delete  
Name: MORAN, JOHN  
Address: 1000 PINEBROOK RD  
City-St-Zip: VENICE, FL 34285

Title: DP ( ) Delete  
Name: PETRACCO, JOHN J  
Address: 1000 PINEBROOK RD  
City-St-Zip: VENICE, FL 34285

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: DS (X) Change ( ) Addition  
Name: DA SILVEIRA, DENISE  
Address: 1000 PINEBROOK RD  
City-St-Zip: VENICE, FL 34285

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: BRAD WATSON

D

03/31/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date