## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000008597

FILED Jul 01, 2005 Secretary of State

Entity Name: CATHOLIC NETWORK FLORIDA, INC.

	rincipal Place of Business:	New Principal P	Place of Business:
9401 BISC //IAMI, FL	CAYNE BLVD 33138		
Current N	lailing Address:	New Mailing Ad	ldress:
9401 BISC //IAMI, FL	CAYNE BLVD 33138		
	nce with s. 607.193(2)(b), F.S., the corporation did not re	FEI Number Not Applicable eceive the prior notice.	( ) Certificate of Status Desired ( )
lame and	d Address of Current Registered Agent:	Name and Addr	ess of New Registered Agent:
10 MERF	ALD, J. PATRICK ESQ RICK WAY STE 3-B ABLES, FL 33134 US		
	e named entity submits this statement for the pur e of Florida.	oose of changing its regi	istered office or registered agent, or both
SIGNATU	RE:		
	Electronic Signature of Registered Agent		Date
FFICER	S AND DIRECTORS:	ADDITIONS/CH	ANGES TO OFFICERS AND DIRECTO
itle: ame: ddress:	DP ( ) Delete TURCOTTE, RICHARD PH.D. 9401 BISCAYNE BLVD MIAMI, FL 33138	Title: Name: Address: City-St-Zip:	() Change () Addition
ity-St-∠ip:			
tle: ame: ddress:	DV () Delete ANDREWS, ARNOLD PO BOX 40200 ST. PETERSBURG, FL 33743	Title: Name: Address: City-St-Zip:	( ) Change() Addition
tle: ame: ddress: ity-St-Zip: tle: ame: ddress:	ANDREWS, ARNOLD PO BOX 40200	Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition
ity-St-Zip:  itle: ame: ddress: ity-St-Zip:  itle: ame: ddress: ity-St-Zip:  itle: ame: ddress: ity-St-Zip:	ANDREWS, ARNOLD PO BOX 40200 ST. PETERSBURG, FL 33743  DT ( ) Delete ROUTSIS-ARROYO, PETERD PO BOX 2006	Name: Address: City-St-Zip: Title: Name: Address:	· · · · · · · · · · · · · · · · · · ·
itle: ame: ddress: ity-St-Zip: itle: ame: ddress: ity-St-Zip: itty-St-Zip: itte: ame: ddress:	ANDREWS, ARNOLD PO BOX 40200 ST. PETERSBURG, FL 33743  DT ( ) Delete ROUTSIS-ARROYO, PETERD PO BOX 2006 VENICE, FL 342842006  DS ( ) Delete MANACATTI, NANCY PO BOX 109650	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	()Change()Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RICHARD TURCOTTE, PH D. DP 07/01/2005