# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 10, 2007**
**Secretary of State**

DOCUMENT# N04000008597

**Entity Name:** CATHOLIC NETWORK FLORIDA, INC.

**Current Principal Place of Business:**

9401 BISCAYNE BLVD
MIAMI, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

9401 BISCAYNE BLVD
MIAMI, FL 33138

**New Mailing Address:**

**FEI Number: 55-0900157** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

FITZGERALD, J. PATRICK ESQ
110 MERRICK WAY STE 3-B
CORAL GABLES, FL 33134 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: DP ( ) Delete
Name: TURCOTTE, RICHARD PH.D.
Address: 9401 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33138

Title: DV ( ) Delete
Name: ANDREWS, ARNOLD
Address: PO BOX 40200
City-St-Zip: ST. PETERSBURG, FL 33743

Title: DT ( ) Delete
Name: ROUTSIS-ARROYO, PETERD
Address: PO BOX 2006
City-St-Zip: VENICE, FL 342842006

Title: DS ( ) Delete
Name: MANACATTI, NANCY
Address: PO BOX 109650
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D ( ) Delete
Name: TIERNEY, WILLIAM J
Address: 11625 OLD ST AUGUSTINE ROAD
City-St-Zip: JACKSONVILLE, FL 32258

Title: D ( ) Delete
Name: RICHARDVILLE, S. GERALD
Address: 421 E ROBINSON STREET
City-St-Zip: ORLANDO, FL 32801

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

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

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

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

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 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: RICHARD TURCOTTE, PH.D. PD 04/10/2007

Electronic Signature of Signing Officer or Director — Date