

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008597

FILED  
Mar 18, 2011  
Secretary of State

Entity Name: CATHOLIC CHARITIES OF FLORIDA, INC.

## Current Principal Place of Business:

201 WEST PAK AVE  
TALLAHASSEE, FL 323017760

## New Principal Place of Business:

1819 N. SEMORAN BLVD  
ORLANDO, FL 32807 US

## Current Mailing Address:

201 WEST PAK AVE  
TALLAHASSEE, FL 323017760

## New Mailing Address:

1819 N. SEMORAN BLVD  
ORLANDO, FL 32807 US

FEI Number: 55-0900157

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## 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:

EMMANUEL, STEPHEN C. ESQ  
1Q23 SOUTH CALHOUN STREET  
TALLAHASSEE, FL 32302 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: ARNE NELSON

03/18/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP  
Name: TURCOTTE, RICHARD PH.D.  
Address: 9401 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33138 29

Title: D  
Name: MURPHY, FRANK III  
Address: 1213 16TH STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: D  
Name: ROUTSIS-ARROYO, PETER D  
Address: PO BOX 2006  
City-St-Zip: VENICE, FL 342842006

Title: D  
Name: GOMEZ, SHEILA  
Address: PO BOX 109650  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D  
Name: BEITZ, WILLIAM J  
Address: 134 EAST CHURCH STREET  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: D  
Name: NELSON, ARNE J  
Address: 1819 N. SEMORAN BLVD  
City-St-Zip: ORLANDO, FL 32807

I hereby 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 all other like empowered.

SIGNATURE: ARNE J. NELSON

PRES

03/18/2011

Electronic Signature of Signing Officer or Director

Date