

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002532

FILED  
Jun 29, 2009  
Secretary of State

**Entity Name:** THE CATHOLIC FOUNDATION OF NORTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

11 NORTH "B" STREET  
PENSACOLA, FL 32501 US

**New Principal Place of Business:**

11 NORTH  
PENSACOLA, FL 32501 US

**Current Mailing Address:**

11 NORTH B STREET  
PENSACOLA, FL 32501 US

**New Mailing Address:**

**FEI Number:** 75-3196619      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

EMMANUEL, ROBERT A  
30 SOUTH SPRING STREET  
PENSACOLA, FL 32502 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: C      ( ) Delete  
Name: NICKELSEN, ERIC  
Address: 11 NORTH B STREET  
City-St-Zip: PENSACOLA, FL 32502

Title: D      ( ) Delete  
Name: CHRISTIE, GERALD  
Address: 11 NORTH B STREET  
City-St-Zip: PENSACOLA, FL 32502

Title: S      ( ) Delete  
Name: NEUBAUER, TOM  
Address: 11 NORTH B STREET  
City-St-Zip: PENSACOLA, FL 32502

Title: T      ( ) Delete  
Name: GODLEWSKI, JOHN J  
Address: 11 NORTH B STREET  
City-St-Zip: PENSACOLA, FL 32502

**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:

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: JOHN J GODLEWSKI

T

06/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date