

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006179

FILED
Jun 04, 2008
Secretary of State

Entity Name: CATHOLIC CHARITIES OF CENTRAL FLORIDA HOUSING, INC.

Current Principal Place of Business:

1771 NORTH SEMORAN BLVD
ORLANDO, FL 32807

New Principal Place of Business:

1819 NORTH SEMORAN BLVD
ORLANDO, FL 32807

Current Mailing Address:

1771 NORTH SEMORAN BLVD
ORLANDO, FL 32807

New Mailing Address:

1819 NORTH SEMORAN BLVD
ORLANDO, FL 32807

FEI Number: 59-1214353 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

NELSON, ARNE J
1771 N. SEMORAN BLVD.
ORLANDO, FL 32807 US

Name and Address of New Registered Agent:

NELSON, ARNE J
1819 N. SEMORAN BLVD.
ORLANDO, FL 32807 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: _____

06/04/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BAER, MARY
Address: 3810 KINSLEY PLACE
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: BANGS, TERRY
Address: 615 VIA LUGANO
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: BATTAGLIA, MIKE
Address: 2600 PINE GLEN COURT
City-St-Zip: ORLANDO, FL 32833

Title: D () Delete
Name: BEACH, DOUGLAS E PH.D.
Address: 1637 WHITE DOVE DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: BLANCHETTE, MARILYN
Address: PO BOX 1800
City-St-Zip: ORLANDO, FL 32802

Title: D () Delete
Name: BROWN, ROBERT REV.
Address: 1501 N ALAFAYA TRAIL
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ST (X) Change () Addition
Name: GILARDI, PAM
Address: 1417 SHADWELL CIRCLE
City-St-Zip: ORLANDO, FL 32817

Title: VP (X) Change () Addition
Name: MARCHESE, HENRY C
Address: 3335 HILLMONT CIRCLE
City-St-Zip: ORLANDO, FL 32817

Title: D (X) Change () Addition
Name: HORAN, JOHN ESQ.
Address: P O BOX 2193
City-St-Zip: ORLANDO, FL 32802

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: ARNE J. NELSON

PRES

06/04/2008

Electronic Signature of Signing Officer or Director

Date