

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006179

FILED  
Feb 04, 2010  
Secretary of State

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

**Current Principal Place of Business:**

1819 NORTH SEMORAN BLVD  
ORLANDO, FL 32807

**New Principal Place of Business:**

**Current Mailing Address:**

1819 NORTH SEMORAN BLVD  
ORLANDO, FL 32807

**New Mailing Address:**

**FEI Number:** 59-1214353

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

NELSON, ARNE J  
1819 N. SEMORAN BLVD.  
ORLANDO, FL 32807 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: D  
Name: BAER, MARY  
Address: 3810 KINSLEY PLACE  
City-St-Zip: WINTER PARK, FL 32792

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

Title: ST  
Name: GILARDI, PAM  
Address: 1417 SHADWELL CIRCLE  
City-St-Zip: ORLANDO, FL 32817

Title: VP  
Name: MARCHESI, HENRY C  
Address: 3335 HILLMONT CIRCLE  
City-St-Zip: ORLANDO, FL 32817

Title: D  
Name: CAPP, LAURA  
Address: 988 WOODCOCK ROAD #200  
City-St-Zip: ORLANDO, FL 32803

Title: D  
Name: LORENZ, MARSHA L  
Address: 5395 L B MCLEOD ROAD  
City-St-Zip: ORLANDO, FL 32811

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 NELSON

PRES

02/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date