FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:21

DOCUMENT # N06262 (2)

1. Corporation Name

CATHOLIC CHARITIES OF THE DIOCESE OF PALM BEACH, INC.

Principal Place of Business	Mailing Address
9995 NORTH MILITARY TRAIL PALM BEACH GARDENS FL 33410	9995 NORTH MILITARY TRAIL PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/20/1984
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-2470479 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

9. Name and Address of Current Registered Agent

FITZGERALD, J. PATRICK
189 BRADLEY PLACE
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	1.1 TITLE	Secretary-Treasurer/Director	☐ Change ☐ Addition
NAME	TRINGALI, KAREN	1.2 NAME	Anderson, Chickie	
STREET ADDRESS	1415 FAN PALM RD	1.3 STREET ADDRESS	4112 Shoreland Drive	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	TD	2.1 TITLE	Treasurer/Director	☒ Change ☐ Addition
NAME	ANTONUCCI, JIM	2.2 NAME	Ralph, Donald E.	
STREET ADDRESS	2901 STIRLING ROAD, STE 307	2.3 STREET ADDRESS	6488 Audubon Trail	
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	Lake Worth, FL 33467	
TITLE	VD	3.1 TITLE	Vice President/Director	☒ Change ☐ Addition
NAME	RALPH, DONALD E	3.2 NAME	Herrick, John	
STREET ADDRESS	3822 S LAKE DR	3.3 STREET ADDRESS	15100 Palm Wood Road	
CITY-ST-ZIP	BOYNTON BCH FL	3.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	SD	4.1 TITLE	Secretary/Director	☒ Change ☐ Addition
NAME	GEARY, FRANCIS B	4.2 NAME	Tringali, Karen	
STREET ADDRESS	100 DORY RD N	4.3 STREET ADDRESS	1415 Fan Palm Rd	
CITY-ST-ZIP	N PALM BCH FL	4.4 CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	PD	5.1 TITLE	President/Director	☒ Change ☐ Addition
NAME	CLEAVER, CHARLES	5.2 NAME	Oliver, John D.	
STREET ADDRESS	9995 N MILITARY TR	5.3 STREET ADDRESS	357 NE Alice St	
CITY-ST-ZIP	PALM BCH GDNS FL	5.4 CITY-ST-ZIP	Jensen Beach, FL 34957	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Oliver
President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-95
Date

407-775-9560
Daytime Phone #

0011306