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Mar 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N06262 (2)

1. Corporation Name
CATHOLIC CHARITIES OF THE DIOCESE OF PALM BEACH, INC.



Principal Place of Business: 9995 NORTH MILITARY TRAIL, PALM BEACH GARDENS FL 33410
Mailing Address: P.O. BOX 109650, PALM BEACH GARDEN FL 33410-9650 US

3. Date Incorporated or Qualified: 11/20/1984
3a. Date of Last Report: 01/31/1996

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
23. City & State
24. Zip
25. Country

4. FEI Number: 59-2470479
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include: ANDERSON, CHICKIE (STD), RALPH, DONALD E. (TD), HERRICK, JOHN (VPD), TRINGALI, KAREN (ST), OLIVER, JOHN D. (PD).

Table with 2 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Rows include: VPD, O'Connell, Brian (TD), Cleaver, Charles (STD), Helen Lewis (SD).

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____
Signature and typed or printed name of signing officer or director: Manuel Charpentier, John Herrick, President
Date: 2-28-97
Daytime Phone #: 407-775-9566

CR2E037 (9/96)