2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06262

FILED
Feb 28, 2000 8:00 am
Secretary of State
02-28-2000 90015 040 ****70.00

1. Entity Name

CATHOLIC CHARITIES OF THE DIOCESE OF PALM BEACH,

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2470479 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FITZGERALD, J. PATRICK 189 BRADLEY PLACE PALM BEACH FL 33480	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ANDERSON, CHICKIE ~~4112 SHORELAND DRIVE~~ VERO BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2080 55th Avenue 32966
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD O CONNELL BRIAN P.O. BOX 014626 WEST PALM BCH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 33402
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HERRICK, JOHN 15100 PALM WOOD ROAD PALM BEACH GARDENS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 33410
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HELEN LEWIS 114 RUSSLYN DR. WEST PALM BCH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 33405
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED SCHUTZ, MADELINE 301 CHURCHILL RD W. PALM BCH FL 33405	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED John Herrick 1/25/00 561-775-9560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #