# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 27, 2004**
**Secretary of State**

DOCUMENT# N06262

**Entity Name:** CATHOLIC CHARITIES OF THE DIOCESE OF PALM BEACH, INC.

**Current Principal Place of Business:**

9995 NORTH MILITARY TRAIL
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 109650
PALM BEACH GARDEN, FL 33410 US

**New Mailing Address:**

**FEI Number: 59-2470479** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

FITZGERALD, J. PATRICK
9995 NORTH MILITARY TRAIL
PALM BEACH, FL 33410 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: VP ( ) Delete
Name: PASTORE, DOMINICK
Address: 892 WASENA AVE
City-St-Zip: SEBASTIAN, FL 32958

Title: P ( ) Delete
Name: MUIR, WILLIAM
Address: 1800 S OCEAN BLVD UNIT 5D
City-St-Zip: BOCA RATON, FL 33432

Title: SD ( ) Delete
Name: HELEN LEWIS,
Address: 114 RUSSLYN DR.
City-St-Zip: WEST PALM BEACH, FL 33405

Title: ED ( ) Delete
Name: SCHUTZ, MADELINE
Address: 301 CHURCHILL RD
City-St-Zip: W. PALM BCH, FL 33405

Title: T ( ) Delete
Name: RIVOSI, CARL
Address: 7389 RESERVE CREEK DR
City-St-Zip: PORT SAINT LUCIE, FL 34986

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition
Name: LEWIS, HELEN
Address: 114 RUSSLYN DR.
City-St-Zip: WEST PALM BEACH, FL 33405

Title: P (X) Change ( ) Addition
Name: CLEARY-IERARDI, MARY
Address: 293 BARCELONA ROAD
City-St-Zip: WEST PALM BEACH, FL 33401

Title: SD (X) Change ( ) Addition
Name: SIMOWITZ, DIANE
Address: 750 OCEAN ROYALE WAY #605
City-St-Zip: JUNO BEACH, FL 33408

Title: ED (X) Change ( ) Addition
Name: BILA, THOMAS
Address: 9995 NORTH MILITARY TRAIL
City-St-Zip: PALM BEACH GARDENS, FL 33410

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS BILA ED 05/27/2004

Electronic Signature of Signing Officer or Director — Date