2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N06262

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

03172005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

FITZGERALD, J. PATRICK
9995 NORTH MILITARY TRAIL
PALM BEACH, FL 33410

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	LEWIS, HELEN
STREET ADDRESS	114 RUSSLYN DR.
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	P
NAME	CLEARY-IERARDI, MARY
STREET ADDRESS	293 BARCELONA ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	SD
NAME	SIMOWITZ, DIANE
STREET ADDRESS	750 OCEAN ROYALE WAY #605
CITY-ST-ZIP	JUNO BEACH, FL 33408
TITLE	ED
NAME	BILA, THOMAS
STREET ADDRESS	9995 NORTH MILITARY TRAIL
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	T
NAME	RIVOSI, CARL
STREET ADDRESS	7389 RESERVE CREEK DR
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000002 5214
03/24/05-80044-002 70.00

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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: Thomas A. Bila 3/22/05 561-775-9561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #