## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06262

Apr 29, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 

9995 NORTH MILITARY TRAIL PALM BEACH GARDENS, FL 33410

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 109650

PALM BEACH GARDEN, FL 33410 US

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

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

FITZGERALD, J. PATRICK FITZGERALD, J. PATRICK ESQ. 110 MERRICK WAY, SUITE 3-B 9995 NORTH MILITARY TRAIL PALM BEACH, FL 33410 CORAL GABLES, FL 33134

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: J. PATRICK FITZGERALD, ESQ. 04/29/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition SIMOWITZ, DIANE SIMOWITZ, DIANE Name: Name:

9995 NO. MILITARY TRAIL Address: 1501 MARINA ISLE WAY, UNIT 505 Address:

City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: JUPITER, FL 33477

Title: () Delete Title: () Change () Addition SHANNON, WILLIAM E Name: Name:

Address: 46 CHESTNUT TRAIL Address: City-St-Zip: TEQUESTA, FL 33469 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition BROWN, GUIA BROWN, GUIA Name: Name:

Address:

10780 S.E. JUPITER NARROWS DRIVE Address: 9995 NO. MILITARY TRAIL

City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: HOBE SOUND, FL 33455

Title: SD ( ) Delete Title: () Change () Addition

Name: BARRETT, THOMAS REV Name: Address: 9995 NORTH MILITARY TRAIL Address: City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: REV. THOMAS BARRETT SD 04/29/2009