

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011072

FILED  
Apr 29, 2009  
Secretary of State

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

**Current Principal Place of Business:**

9995 N. MILITARY TRAIL  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 109650  
PALM BEACH GARDENS, FL 334109650

**New Mailing Address:**

**FEI Number:** 26-1467328

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FITZGERALD, J. PATRICK ESQ.  
110 MERRICK WAY  
SUITE 3-B  
CORAL GABLES, FL 33134 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: VPD ( ) Delete  
Name: SHANNON, WILLIAM E  
Address: 46 CHESTNUT TRAIL  
City-St-Zip: TEQUESTA, FL 33469

Title: PD ( ) Delete  
Name: SIMOWITZ, DIANE  
Address: 1501 MARINA ISLE WAY NO. 505  
City-St-Zip: JUPITER, FL 33477

Title: SD ( ) Delete  
Name: BARRETT, THOMAS REV.  
Address: 9999 NO. MILITARY TRAIL  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: TD ( ) Delete  
Name: BROWN, GUIA  
Address: 10780 S.E. JUPITER NARROWS DRIVE  
City-St-Zip: HOBE SOUND, FL 33455

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

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

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date