

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N27112 (4)**  
1. Corporation Name  
**CATHOLIC HOME HEALTH SERVICES OF BROWARD, INC.**



Principal Place of Business: 4740 N STATE RD 7 STE 100 LAUDERDALE LAKES FL 33319  
Mailing Address: 4740 N STATE RD 7 STE 100 LAUDERDALE LAKES FL 33319

3. Date Incorporated or Qualified: 06/23/1988  
3a. Date of Last Report: 03/23/1995  
4. FEI Number: 65-0062205  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 Ste 100 Bldg C 23 City & State 24 Zip 25 Country  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 Ste 100 Bldg C 28 City & State 29 Zip 30 Country

9. Name and Address of Current Registered Agent: FITZGERALD, J. PATRICK 110 MERRICK WAY STE. 2C CORAL GABLES FL 33134  
10. Name and Address of New Registered Agent: 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 110 Merrick Way, Suite 3B 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when non-stating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PENNEKAMP, TOM <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1434 SOUTH MIAMI AVENUE	1.2 NAME	
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD JOHNSON, BROTHER PAUL <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C/O 726 N.E. 1ST AVE.	2.2 NAME	
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD HENNESSEY, WILLIAM, REV. <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5601 S FLAMINGO ROAD	3.2 NAME	
STREET ADDRESS	FT. LAUDERDALE FL	3.3 STREET ADDRESS	c/o 9401 Biscayne Blvd.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami Shores, FL 33138
TITLE	EVD WHITTAKER, KENNETH D., REV. <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7525 N.W. 2ND AVE.	4.2 NAME	Honold, Thomas G.
STREET ADDRESS	MIAMI FL	4.3 STREET ADDRESS	c/o 1050 N.E. 125 Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	North Miami, FL 33161
TITLE	D VAUGHAN, JOHN J REV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C/O 9401 BISCAYNE BLVD	5.2 NAME	
STREET ADDRESS	MIAMI SHORES FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas G. Honold Thomas G. Honold (954) 739-6233 ext 222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)