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Mar 25 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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
SUITE 100. BLDG 'C'
LAUDERDALE LAKES FL 33319
US**

Mailing Address
**4740 N STATE RD 7
SUITE 100. BLD 'C'
LAUDERDALE LAKES FL 33319-5860
US**

3. Date Incorporated or Qualified **06/23/1988** 3a. Date of Last Report **04/01/1996**

2. Principal Place of Business
21 3075 NW 35 Avenue

2a. Mailing Address
26 3075 NW 35 Avenue

4. FEI Number **65-0062205** Applied For
Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State **Lauderdale Lakes, FL** 28 City & State **Lauderdale Lakes, FL**

24 Zip **33311** 25 Country 29 Zip **33311** 30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FITZGERALD, J. PATRICK
110 MERRICK WAY, SUITE 3-B
CORAL GABLES FL 33134**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENNEKAMP, TOM	1.2 NAME	
STREET ADDRESS	1434 SOUTH MIAMI AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, BROTHER PAUL	2.2 NAME	
STREET ADDRESS	C/O 728 N.E., 1ST AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENNESSEY, WILLIAM, REV.	3.2 NAME	
STREET ADDRESS	C/O 9401 BISCAYNE BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI SHORES FL	3.4 CITY - ST - ZIP	
TITLE	EVD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HONOLD, THOMAS G.	4.2 NAME	
STREET ADDRESS	C/O 1050 NE 125TH ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	N MIAMI FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHAN, JOHN J REV	5.2 NAME	
STREET ADDRESS	C/O 9401 BISCAYNE BLVD	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI SHORES FL	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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 2/28/97 (954) 484-1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0035024

CR2E037 (9/96)