

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28513

FILED  
Apr 26, 2010  
Secretary of State

**Entity Name:** CON EL 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:**

PO BOX 109650  
PALM BEACH GARDENS, FL 334109650 US

**New Mailing Address:**

24 NORTH LOXAHATCHEE DRIVE  
SUITE 1  
JUPITER, FL 33458 US

**FEI Number:** 59-2438903

**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 3B  
CORAL GABLES, FL 33134 US

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

COYNE, JAMES H DR.  
24 NORTH LOXAHATCHEE DRIVE  
SUITE 1  
JUPITER, FL 33458 US

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: JAMES H. COYNE

04/26/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BARBARITO, GERALD M REV  
Address: 9995 NORTH MILITARY TRAIL  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: PTD  
Name: COYNE, JAMES H DR.  
Address: 24 NORTH LOXAHATCHEE DRIVE  
City-St-Zip: JUPITER, FL 33458

Title: VD  
Name: MARTIN, DOROTHY  
Address: 3362 CYNTHIA LANE 212  
City-St-Zip: LAKE WORTH, FL 33460

Title: D  
Name: SOSSI, NUNZIO DR.  
Address: 8413 EGRET MEADOW LANE  
City-St-Zip: WEST PALM BEACH, FL 33412

Title: SD  
Name: ZAVATTI, EVA  
Address: 9033 SE SANDRIDGE AVENUE  
City-St-Zip: HOBE SOUND, FL 33455

Title: D  
Name: ROSAS, WILFREDO  
Address: 1640 PLEASANT DRIVE  
City-St-Zip: NORTH PALM BEACH, FL 33408

I hereby 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 all other like empowered.

SIGNATURE: JAMES H. COYNE

PTD

04/26/2010

Electronic Signature of Signing Officer or Director

Date