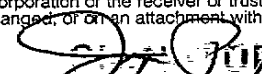


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N30691 (2) 1. Corporation Name CATHOLIC CHARITIES EMPLOYMENT PROGRAMS, INC.					
Principal Place of Business %ALLEN, BRINTON & SIMMONS 9140 GOLFSIDE DR. SUITE 7 JACKSONVILLE FL 32256			Mailing Address %ALLEN, BRINTON & SIMMONS 9140 GOLFSIDE DR. SUITE 7 JACKSONVILLE FL 32256		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/14/1989 4. FEI Number 59-2931859 Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No		9. Name and Address of Current Registered Agent ALLEN, BRINTON & SIMMONS, P.A. 3220 INDEPENDENT SQUARE JACKSONVILLE FL 32202			
10. Name and Address of New Registered Agent 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					
TITLE	D	☐ DELETE			
NAME	HELOW, JOSEPH P.				
STREET ADDRESS	8228 SHADY GROVE ROAD				
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE	D	☐ DELETE			
NAME	SIMMONS, SIDNEY S. II				
STREET ADDRESS	2950 ARAPAHOE AVE.				
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE	D	☐ DELETE			
NAME	TOCE, DONALD A.				
STREET ADDRESS	12484 MASTERS RIDGE DRIVE				
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE	D	☐ DELETE			
NAME	TIERNEY, WILLIAM J.				
STREET ADDRESS	3510 N. RIDE DRIVE				
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE	D	☐ DELETE			
NAME	BEITZ, WILLIAM C.				
STREET ADDRESS	950 LAKERIDGE				
CITY-ST-ZIP	ORANGE PARK FL				
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		☐ Change ☐ Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		☐ Change ☐ Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		☐ Change ☐ Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		☐ Change ☐ Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		☐ Change ☐ Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		☐ Change ☐ Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I 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:  REQUIRED

1-16-98 (904) 636-0591

CR2E037 (10/97)