

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17, 1999 8:00am
Secretary of State

02-17-1999 90057 041 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30691

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

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

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

Signature, typed or printed name of registered agent and title if applicable.

(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, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-99 (904) 636-0591

CR2E037 (11/98)