

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N30691

1. Entity Name
CATHOLIC CHARITIES EMPLOYMENT PROGRAMS, INC.



Principal Place of Business
**9140 GOLFSIDE DR. SUITE 7
JACKSONVILLE, FL 32256**

Mailing Address
**9140 GOLFSIDE DR. SUITE 7
JACKSONVILLE, FL 32256**



03232005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2931859

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**STONE BURNER, BERRY, & SIMMONS, P.A.
841 PRUDENTIAL DRIVE
SUITE 1400
JACKSONVILLE, FL 32207**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000308785
04/16/05-80011-011 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
HELOW, JOSEPH P.
8228 SHADY GROVE ROAD
JACKSONVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
SIMMONS, SIDNEY S. II
2950 ARAPAHOE AVE.
JACKSONVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
TOCE, DONALD A.
P.O. BOX 54015
JACKSONVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
TIERNEY, WILLIAM J.
3510 N. RIDE DRIVE
JACKSONVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
BEITZ, WILLIAM C.
950 LAKERIDGE
ORANGE PARK, FL**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-05 (904) 636-0591

Date

Daytime Phone #