


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N30691
 1. Entity Name
CATHOLIC CHARITIES EMPLOYMENT PROGRAMS, INC.



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

DO NOT WRITE IN THIS SPACE



D1032006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
59-2931859 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
STONE BURNER, BERRY, & SIMMONS, P.A.
841 PRUDENTIAL DRIVE
SUITE 1400
JACKSONVILLE, FL 32207

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

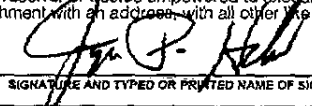
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HELOW, JOSEPH P.
STREET ADDRESS	8228 SHADY GROVE ROAD
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	D
NAME	SIMMONS, SIDNEY S. II
STREET ADDRESS	2950 ARAPAHOE AVE.
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	D
NAME	TOCE, DONALD A.
STREET ADDRESS	P.O. BOX 54015
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	D
NAME	TIERNEY, WILLIAM J.
STREET ADDRESS	3510 N. RIDE DRIVE
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	D
NAME	BEITZ, WILLIAM C.
STREET ADDRESS	950 LAKERIDGE
CITY - ST - ZIP	ORANGE PARK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 01/12/06-80021-024 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 fee empowered.

SIGNATURE:  **1-10-06** **(904) 636-0591**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #