

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30691

FILED
Feb 18, 2009
Secretary of State

Entity Name: CATHOLIC CHARITIES EMPLOYMENT PROGRAMS, INC.

Current Principal Place of Business:

9140 GOLFSIDE DR. SUITE 7
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

9140 GOLFSIDE DR. SUITE 7
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-2931859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMMONS, SIDNEY
1050 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HELOW, JOSEPH P.,
Address: 8228 SHADY GROVE ROAD
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: SIMMONS, SIDNEY S. I, I
Address: 2950 ARAPAHOE AVE.
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: TOCE, DONALD A.,
Address: P.O. BOX 54015
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: TIERNEY, WILLIAM J.,
Address: 3510 N. RIDE DRIVE
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: BEITZ, WILLIAM C.,
Address: 8227 ASHWORTH COURT
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SIMMONS, SIDNEY S. I, I
Address: 4391 VENETIA BLVD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: TIERNEY, WILLIAM J.,
Address: 3510 N. RIDE DRIVE
City-St-Zip: JACKSONVILLE, FL 32223

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH P. HELOW

PRES

02/18/2009

Electronic Signature of Signing Officer or Director

_____ Date