

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30691

FILED
Feb 04, 2010
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
Name: HELOW, JOSEPH P.
Address: 8228 SHADY GROVE ROAD
City-St-Zip: JACKSONVILLE, FL 32256

Title: D
Name: SIMMONS, SIDNEY S. II
Address: 4391 VENETIA BLVD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: D
Name: TOCE, DONALD A.
Address: P.O. BOX 54015
City-St-Zip: JACKSONVILLE, FL 32245

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

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

Title: D
Name: HICKEY, LAURA
Address: 26 VILLAGE WALK COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH P. HELOW

PRES

02/04/2010

Electronic Signature of Signing Officer or Director

Date