

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N40301

**FILED**  
**Jun 30, 2004**  
**Secretary of State****Entity Name:** CATHOLIC VOLUNTEERS IN FLORIDA, INCORPORATED**Current Principal Place of Business:**498 S.LAKE DESTINY RD.  
ORLANDO, FL 32810 US**New Principal Place of Business:**12094 COLLEGIATE WAY  
ORLANDO, FL 32817 US**Current Mailing Address:**P.O.BOX 536476  
ORLANDO, FL 32853**New Mailing Address:****FEI Number:** 59-3087902**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**GALENTINO, RICHARD  
498 S.LAKE DESTINY ROAD  
ORLANDO, FL 32810 US**Name and Address of New Registered Agent:**GALENTINO, RICHARD  
12094 COLLEGIATE WAY  
ORLANDO, FL 32817 US

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: \_\_\_\_\_

06/30/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: WINSLOW, BOB  
Address: 780 BONITA  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete  
Name: O'NEILL, FR.PATRICK  
Address: 9401 BISCAYNE BLVD  
City-St-Zip: MIAMI SHORES, FL 33138

Title: T ( ) Delete  
Name: EMEL, MARNEY  
Address: 1837 SENECA BLVD.  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Delete  
Name: WALSH, FR.RICHARD  
Address: 526 PARK AVE N.  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete  
Name: POWERS, PAT  
Address: 452 STONEWOOD LN.  
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete  
Name: PALO, MARY LEA  
Address: 775 CAREW AVE  
City-St-Zip: ORLANDO, FL 32804

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C (X) Change ( ) Addition  
Name: WINSLOW, BOB  
Address: 8 ISLE OF SICILY  
City-St-Zip: WINTER PARK, FL 32789

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BOB WINSLOW

C

06/30/2004

Electronic Signature of Signing Officer or Director

Date