

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40301

FILED
Jan 09, 2008
Secretary of State

Entity Name: CATHOLIC VOLUNTEERS IN FLORIDA, INCORPORATED

Current Principal Place of Business:

12094 COLLEGIATE WAY
ORLANDO, FL 32817 US

New Principal Place of Business:

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
12094 COLLEGIATE WAY
ORLANDO, FL 32817 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: C () Delete
Name: WINSLOW, BOB
Address: 8 ISLE OF SICILY
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: GUNTY, CHRIS
Address: 498 S. LAKE DESTINY ROAD
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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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 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: BOB WINSLOW

C

01/09/2008

Electronic Signature of Signing Officer or Director

Date