2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# N40301

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:

FOWLER, ELAINE
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: ELAINE FOWLER 01/21/2009
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:	D	(X) Change ( ) Addition
Name:	WALSH, FR. RICHARD	
Address:	526 PARK AVE N.	
City-St-Zip:	WINTER PARK, FL 32789	
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: ELAINE FOWLER ED 01/21/2009
Electronic Signature of Signing Officer or Director Date