

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40301

FILED
Jan 06, 2010
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:

FOWLER, ELAINE
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
Name: WINSLOW, BOB
Address: 8 ISLE OF SICILY
City-St-Zip: WINTER PARK, FL 32789

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

Title: T
Name: PERRY, RANDY
Address: 3200 PICKFAIR STREET
City-St-Zip: ORLANDO, FL 32803

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

Title: D
Name: GASE, JENNIFER
Address: 1325 QUINTUPLET DRIVE
City-St-Zip: CASSELBERRY, FL 32707

Title: S
Name: GLYNN, GERARD
Address: 6441 EAST COLONIAL DR
City-St-Zip: ORLANDO, FL 32807

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: ELAINE M FOWLER

ED

01/06/2010

Electronic Signature of Signing Officer or Director

Date