

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40301

FILED
Jan 05, 2012
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: MR
Name: COOPER, MICHAEL
Address: 1102 E HARWOOD
City-St-Zip: ORLANDO, FL 32803

Title: D
Name: GARNER, KAY
Address: 834 LONGLEAF PINE CT
City-St-Zip: ORLANDO, FL 32825

Title: D
Name: JOHNSON, KEVIN
Address: 401 BISHOP GRADY COURT
City-St-Zip: ST. CLOUD, FL 34769

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 FOWLER

ED

01/05/2012

Electronic Signature of Signing Officer or Director

Date