

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N42426** (9)

1. Corporation Name

CATHOLIC ELDERLY SERVICES, INC.



Principal Place of Business: 3075 N.W. 35 AVENUE LAUDERDALE LAKES FL 33311 US
Mailing Address: 3075 N.W. 35 AVENUE LAUDERDALE LAKES FL 33311 US

3. Date Incorporated or Qualified: 03/11/1991
3a. Date of Last Report: 04/05/1995
4. FEI Number: NOT APPLICABLE
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: FITZGERALD, J. PATRICK, 110 MERRICK WAY, STE. 2-C, CORAL GABLES FL 33134
10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 110 Merrick Way, Suite 3B, 83 City: 84 City: FL, 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	SD JOHNSON, PAUL 726 NE 1 AVE MIAMI FL	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	PD PENNEKAMP, THOMAS 6710 LE JEUNE RD. CORAL GABLES FL	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	D VAUGHAN, JOHN J. 9401 BISCAYNE BLVD. MIAMI SHORES FL	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	DEV WHITTAKER, KENNETH D. 7525 NW 2ND AVE MIAMI FL	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	EVD Honold, Thomas G.
STREET ADDRESS		43 STREET ADDRESS	c/o 1050 N.E. 125 Street
CITY-ST-ZIP		44 CITY-ST-ZIP	North Miami, FL 33161
TITLE	VTD HENNESSY, WILLIAM 5601 SOUTH FLAMINGO ROAD FT. LAUDERDALE FL	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	c/o 9401 Biscayne Blvd.
CITY-ST-ZIP		54 CITY-ST-ZIP	Miami Shores, FL 33138
TITLE	D ESTEVEZ, FELIPE 1111 SW 107 AVE. MIAMI FL	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas G. Honold* Thomas G. Honold (954) 739-6233 ext 222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Day, Month, Year #

CR2E037 (12/95)