## FILE NOW: FILING FEE IS \$61.25

Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS FILED
Mar 10, 1999 8:00 am §
Secretary of State
03-10-1999 90001 014 \*\*\*\*70.00

## DOCUMENT # N42426 1. Corporation Name

CATHOLIC ELDERLY SERVICES, INC.

Principal Place of Business Mailing Address					· · · · · · · · · · · · · · · · · · ·			
4740 N STATE ROAD 7 BLDG #C - SUITE #100 LAUDERDALE LAKES FL 33319 US		4740 N STATE ROAD 7 BLDG #C - SUITE #100 LAUDERDALE LAKES FL 33319 US						
2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifer	1		
21		26			03/11/1991			,
Suite, Apt. #, etc.		Suite, Apt. #, etc.			NOT APPLICABLE		Арр	lied For
22		27	7					Applicable
City & State		City & State			5. Certifcate of Status Desired	×	\$8.75 A	
23		28	<u> </u>				Fee Rec	
Zip	Country	Zip	_ Cou	ntry	6. Election Campaign Financing	' 🗆 '	\$5.00	
24	25		10		Trust Fund Contribution		Added to	Fees
	9. Name and Address of Current	t Registered Agent		81 Name	10. Name and Address of New	Kegistere	a Agent	
				O1 Name				
FITZGERA	LD, J. PATRICK		82 Street Ad		dress (P.O. Box Number is Not Acceptable)			
110 MERF	NCK WAY, SUITE 3-B			83		<del></del>	<del></del>	
CORAL G	ABLES FL 33134			03	-			
				84 City		F	85 Zip C	ode
11. Pursuant		1017 (500 E) (1- O) (1-	461		corporation submits this statement for th	_	<del></del>	registered
office or r agent. I a	egistered agent, or both, in the State or m familiar with, and accept the obligat	of Florida. Such change was aut	norizea	I DY THE CORP	oration's board of directors. I hereby acc	apt the app	ointment as reg	istered
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: R	legistered	Agent signature	required when reinstating)	DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO O	FFICERS /	AND DIRECTOR	RS IN 12
TITLE	SD	DELETE	1.1 TI	TLE .			Change	☐ Addition
NAME	JOHNSON, PAUL		1.2 N	ME				•
STREET ADDRESS	**** * * * * * * * * * * * * * * * * *		1,3 \$1	REET ADDRESS	· .			
CITY-ST-ZIP	MIAMI FL		1.4 CE	TY-ST-ZIP				
TITLE	PD	☐ DELETE	2.1 TI	TLE			☐ Change	☐ Addition
NAME	PENNEKAMP, THOMAS		2.2 N	WE	1		. *	1
STREET ADDRESS	6710 LE JEUNE RD.		2.3 ST	REET ADDRESS	بمري با سال	٠. يەسىر،	E	
CITY-ST-ZIP	CORAL GABLES FL		2.4 C	ITY-ST-ZIP				
TITLE	D	☐ DELETE	3.1 TI	πE			Change	Addition
NAME	VAUGHAN, JOHN J.		3.2 NA	ME				
STREET ADDRESS	****		3.3 ST	REET ADDRESS				
CITY-ST-ZIP	MIAMI SHORES FL		3.4. C	ITY-ST-ZIP			<u> </u>	
TITLE	EVD	☐ DELETE	4.1 TF	TLE			☐ Change	☐ Addition
NAME	HONOLD, THOMAS G.		4. 2 N	AME	1			1
STREET ADDRESS	A 10 100 100 100 100		4.3 \$1	TREET ADDRESS				
CITY-ST-ZIP	N MIAMI FL		4.4 CI	TY-ST-ZIP				
TITLE	VTD	DELETE	5.1 TI	TLE	YTDS		Change	☐ Addition
NAME	HENNESSY, WILLIAM		5.2 N	AME	11753			
STREET ADDRESS			5.3 S1	TREET ADDRESS				i
CITY-ST-ZIP	MIAMI SHORES FL		5.4 CI	TY-ST-ZIP	<u> </u>			
TITLE	D	☐ DELETE	6.1 T	TLE			. Change	☐ Addition
NAME	ESTEVEZ, FELIPE		6.2 N	AME				, ]
STREET ADDRESS	<b></b>		6.3 ST	TREET ADDRESS			•	,
OUT OF TIP	MIAM EI		6.4 CI	TY-ST-ZIP	1			ļ

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

305891-8850