


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90057 012 ****70.00

DOCUMENT # N42426
 1. Entity Name
 CATHOLIC ELDERLY SERVICES, INC.



Principal Place of Business
 4790 N STATE ROAD 7
 LAUDERDALE LAKES, FL 33319 US

Mailing Address
 4790 N STATE ROAD 7
 LAUDERDALE LAKES, FL 33319 US

40020315



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01052007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
 FITZGERALD, J. PATRICK
 110 MERRICK WAY, SUITE 3-B
 CORAL GABLES, FL 33134

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LAWSON, RALPH E. C/O 6855 RED ROAD, STE. 600 CORAL GABLES, FL 33143 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD VAUGHAN, JOHN J. 9401 BISCAYNE BLVD. MIAMI SHORES, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD HENNESSY, WILLIAM C/O 9401 BISCAYNE BLVD MIAMI SHORES, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CATANIA, JOSEPH M 291 NW 43 AVE. COCONUT CREEK, FL 33066 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FITZGERALD, PATRICK J 110 MERRICK WAY SUITE 3B CORAL GABLES, FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHCER, KENNETH C MD 1190 NW 95TH ST #402 MIAMI, FL 33150 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH M. CATANIA 2/6/07 954-484-1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40020315

#N42426

FY 2007 Non-Profit Corporation Annual Report (UBR) Attachment – Additional Directors

D

Mr. Rudy J. Noriega
3529 Gulfstream Way
Davie, FL 33328

D

Ms. Josie Romano Brown
c/o 3663 South Miami Avenue
Miami, FL 33133

D

Ms. Patricia Palamara
4200 Mangrum Court
Hollywood, FL 33021

D

Rev. Msgr. Franklyn M. Casale
c/o 16400 N.W. 32 Avenue
Miami, FL 33054

D

Mr. John Johnson
c/o 4725 North Federal Hwy
Fort Lauderdale, FL 33307

D

Dr. Richard Turcotte
c/o 9401 Biscayne Boulevard
Miami Shores, FL 33138

D

Rev. Msgr. Tomas Marin
c/o 3900 N.W. 79 Avenue, Suite 731
Miami, FL 33166

D

Mr. Bud Farrey
c/o 1850 NE 146th Street
North Miami, FL 33181

D

Len T. Sperry, MD, PhD
659 N.W. 38 Circle
Boca Raton, FL 33431

D

Asif D. Jamal
1028 Cotorro Avenue
Coral Gables, FL 33146

D

John E. Matuska
c/o 3663 South Miami Avenue
Miami, FL 33133

D

Ana Mederos
c/o 4775 Collins Avenue, #1908
Miami Beach, FL 33141

D

Mark J. Panciera
c/o 4200 Hollywood Blvd.
Hollywood, FL 33021

D

Aurelio Fernandez
c/o 5000 W. Oakland Park Blvd.
Lauderdale Lakes, FL 33313