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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90014 019 \*\*\*\*61.25

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**DOCUMENT # N93000002895**

1. Corporation Name

**CATHOLIC CHARITIES OF NORTHWEST FLORIDA, INC.**

Principal Place of Business

222 E GOVERNMENT ST  
PENSACOLA FL 32501  
US

Mailing Address

222 E GOVERNMENT ST  
PENSACOLA FL 32501  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

06/28/1993

4. FEI Number

59-3213644

Applied For

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

9. Name and Address of Current Registered Agent

EMMANUEL, ROBERT A  
30 S SPRING ST  
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME FANTASKI JAMES  
STREET ADDRESS 3146 WOOD VALLEY RD  
CITY-ST-ZIP PANAMA CITY FL

TITLE ☒ DELETE

NAME KIERAN, SISTER ELLEN  
STREET ADDRESS 222 E GOVERNMENT ST  
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE

NAME EMMANUEL, ROBERT A  
STREET ADDRESS 30 SO SPRING ST  
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE

NAME COHEN-PIPPIN, BARBARA  
STREET ADDRESS 1204-6 CROSS CREEK WAY  
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☒ DELETE

NAME MULLINS, RAYMOND MSGR  
STREET ADDRESS 110 ST. MARY AVE, S.W.  
CITY-ST-ZIP FT. WALTON BEACH FL 32548

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE ☐ Change ☒ Addition

12 NAME Wooten, Walter  
13 STREET ADDRESS 5715 Vestavia Lane  
14 CITY-ST-ZIP Pensacola, FL 32526

2.1 TITLE ☐ Change ☒ Addition

22 NAME Freeman, Norma  
23 STREET ADDRESS 185 Bay Tree Dr.  
24 CITY-ST-ZIP Destin, FL 32541

3.1 TITLE ☒ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

52 NAME Furry, Donald  
53 STREET ADDRESS 308 Mirabelle Drive  
54 CITY-ST-ZIP Pensacola, FL 32514

6.1 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-99 (850) 436-6410  
Date Daytime Phone #

CR2E037 (11/98)