

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002895

1. Entity Name

CATHOLIC CHARITIES OF NORTHWEST FLORIDA, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90085 040 ****70.00

Principal Place of Business

Mailing Address

222 E GOVERNMENT ST
 PENSACOLA FL 32501
 US

222 E GOVERNMENT ST
 PENSACOLA FL 32501-6019
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3213644

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EMMANUEL, ROBERT A
 30 S SPRING ST
 PENSACOLA FL 32501

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete
 NAME **WOOTEN, WALTER**
 STREET ADDRESS **5715 VESTAVIA LANE**
 CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **VD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☒ Delete
 NAME **FREEMAN, NORMA**
 STREET ADDRESS **185 BAY TREE DR**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE **SD** ☐ Change ☒ Addition
 NAME **PINTACUDA, LARRY**
 STREET ADDRESS **6019 QUAIL RIDGE DRIVE**
 CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE **D** ☐ Delete
 NAME **EMMANUEL, ROBERT A**
 STREET ADDRESS **30 SO SPRING ST**
 CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☒ Delete
 NAME **COHEN-PIPPIN, BARBARA**
 STREET ADDRESS **1204-6 CROSS CREEK WAY**
 CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **TD** ☐ Change ☒ Addition
 NAME **FETTERMAN, NANCY**
 STREET ADDRESS **24 LAKESIDE DRIVE**
 CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE **PD** ☐ Delete
 NAME **FURRY, DONALD**
 STREET ADDRESS **308 MIRBELLE DR**
 CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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:

Donald Furry
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00 (850) 473-8050

Date

Daytime Phone #

CR2E037 (9/99)