

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002895

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: CATHOLIC CHARITIES OF NORTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

11 NORTH B STREET  
PENSACOLA, FL 32501 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO DRAWER 17329  
PENSACOLA, FL 32522 US

**New Mailing Address:**

FEI Number: 59-3213644      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

EMMANUEL, ROBERT A  
30 S SPRING ST  
PENSACOLA, FL 32501 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: COLLIER, LACEY  
Address: 1 N. PALAFOX ST.  
City-St-Zip: PENSACOLA, FL 32501

Title: PD ( ) Delete  
Name: EMMANUEL, ROBERT A  
Address: 30 SO SPRING ST  
City-St-Zip: PENSACOLA, FL

Title: D ( ) Delete  
Name: BLAKE, ROBERT  
Address: 101 W. GARDEN ST.  
City-St-Zip: PENSACOLA, FL 32501

Title: TD ( ) Delete  
Name: MCMILLAN, RICHARD  
Address: ONE ENERGY PLACE  
City-St-Zip: PENSACOLA, FL 325200732

Title: SD ( ) Delete  
Name: TOWNSEND, LILY  
Address: 1400 NORTH G ST.  
City-St-Zip: PENSACOLA, FL 32501

Title: D ( ) Delete  
Name: CALLIPARE, REV. JOSEPH  
Address: 100 FRANCIS ST.  
City-St-Zip: MARY ESTHER, FL 32569

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: COLLIER, LACEY  
Address: 1 N. PALAFOX ST.  
City-St-Zip: PENSACOLA, FL 32501

Title: D (X) Change ( ) Addition  
Name: EMMANUEL, ROBERT A  
Address: 30 SO SPRING ST  
City-St-Zip: PENSACOLA, FL

Title: PD (X) Change ( ) Addition  
Name: BLAKE, ROBERT  
Address: 101 W. GARDEN ST.  
City-St-Zip: PENSACOLA, FL 32501

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT BLAKE

PD

04/30/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date

TOM WEIDENHAMER, D  
808 WILD OAK ROAD  
DESTIN, FL 32541

NANCY WEIDENHAMER, D  
808 WILD OAK ROAD  
DESTIN, FL 32541

REV. MR. DALE JOHNSON, D  
20635-B FRONT BEACH ROAD  
PANAMA CITY, FL 32413

BRUCE MAY, VD  
855 WEST CAROLINA  
TALLAHASSEE, FL 32304

MARISA LEWIS, D  
531 TUSKEGEE STREET  
TALLAHASSEE, FL 32310

JEAN ELPERS, D  
6051 WALTON DRIVE  
PENSACOLA, FL 32503

SR. MONICA CORMIER SCC, D  
412 BAYSHORE DRIVE  
PENSACOLA, FL 32507