

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002895

FILED
Apr 20, 2005
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:

11 NORTH B STREET
PENSACOLA, FL 32501 US

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

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

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

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

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

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

04/20/2005

Electronic Signature of Signing Officer or Director

Date