

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002895

FILED  
Feb 13, 2007  
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:**

11 NORTH B STREET  
PENSACOLA, FL 32501 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:**

EMMANUEL, ROBERT A  
30 S. SPRING ST  
PENSACOLA, FL 32502 US

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:

02/13/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: MAY, D. BRUCE  
Address: P.O. BOX 810  
City-St-Zip: TALLAHASSEE, FL 32302

Title: D ( ) 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: WEIDENHAMER, NANCY  
Address: 808 WILD OAK AVENUE  
City-St-Zip: DESTIN, FL 32541

Title: SD ( ) Delete  
Name: BAYER, CAROLE  
Address: 1146 TIGER TRACE BLVD.  
City-St-Zip: GULF BREEZE, FL 32563

Title: V/D ( ) Delete  
Name: SHEA, BRENDA  
Address: 5151 N. 9TH AVENUE  
City-St-Zip: PENSACOLA, FL 32504

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

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

Title: D (X) Change ( ) Addition  
Name: PARNHAM, JOHN  
Address: 1600 GOVERNORS DRIVE, #513  
City-St-Zip: PENSACOLA, FL 32514

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 Chapter 119, 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: D. BRUCE MAY

P/D

02/13/2007

Electronic Signature of Signing Officer or Director

Date