

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90149 013 ****70.00

DOCUMENT # N93000002895

1. Entity 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

11 NORTH B STREET

3. Mailing Address

P.O. DRAWER 17324

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

4. FEI Number

59-3213644

Applied For

Not Applicable

Zip

32501

Country

Zip

32522

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **MD** ☐ Delete
NAME **COLLIER, LACEY**
STREET ADDRESS **1 N. PALAFOX ST.**
CITY-ST-ZIP **PENSACOLA FL 32501**

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

TITLE **D** ☒ Delete
NAME **FETTERMAN, NANCY**
STREET ADDRESS **24 LAKESIDE DR**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **TD** ☐ Delete
NAME **MCMILLAN, RICHARD**
STREET ADDRESS **ONE ENERGY PLACE**
CITY-ST-ZIP **PENSACOLA FL 32520-0732**

TITLE **SD** ☐ Delete
NAME **TOWNSEND, LILY**
STREET ADDRESS **1400 NORTH G ST.**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **BLAKE, ROBERT**
STREET ADDRESS **101 W. GARDEN ST.**
CITY-ST-ZIP **PENSACOLA, FL 32501**

TITLE **D** ☐ Change ☒ Addition
NAME **CALLIPARE, REV. JOSEPH**
STREET ADDRESS **100 FRANCIS ST.**
CITY-ST-ZIP **MARY ESTHER, FL 32564**

TITLE **D** ☐ Change ☒ Addition
NAME **CARDN, STEPHEN D.**
STREET ADDRESS **870 SOUTH SECOND ST.**
CITY-ST-ZIP **DEFUNIAK SPRINGS, FL 32435**

TITLE **D** ☐ Change ☒ Addition
NAME **CORMIER, SR. MONICA**
STREET ADDRESS **412 BAYSHORE DRIVE**
CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE **D** ☐ Change ☒ Addition
NAME **ELPERS, JEAN D.**
STREET ADDRESS **6051 WALTON ST.**
CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE **D** ☐ Change ☒ Addition
NAME **FANTASKI, JIM**
STREET ADDRESS **103 WOOD TRAIL**
CITY-ST-ZIP **PANAMA CITY, FL 32405**

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

SIGNATURE REQUIRED

3/25/2003

CR2E037 (10/02)

Attachment # 90065638

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UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002895
CATHOLIC CHARITIES OF NORTHWEST FLORIDA, INC.

ATTACHMENT FOR ADDITIONAL OFFICERS AND DIRECTORS:

D
LEWIS, MARISA
531 TUSKEGEE ST.
TALLAHASSEE, FL 32310

D
MAY, BRUCE
315 S. Calhoun Street, Ste 600
TALLAHASSEE, FL 32301

D
RHOADS D.C., SR. JEAN
5151 N. 9TH AVE.
PENSACOLA, FL 32504

D
WEIDENHAMER, NANCY
727 LEGION DR.
DESTIN, FL 32541

D
WEIDENHAMER, THOMAS
727 LEGION DR.
DESTIN, FL 32541
