FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003205 (2)

1. Corporation Name

CATHOLIC CHARITIES HOUSING, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6533 9TH AVE N ST PETERSBURG FL 33710	6533 9TH AVE N ST PETERSBURG FL 33710

3. Date Incorporated or Qualified: 07/19/1993
3a. Date of Last Report: 07/26/1994
4. FEI Number: 59-3201112 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DIVITO, JOSEPH A 4514 CENTRAL AVE ST PETERSBURG FL 33711	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	11 TITLE	Director ☒ Change ☐ Addition
NAME	FORBES, JEFFORY C	12 NAME	Forbes, Jeffory C.
STREET ADDRESS	6533 9TH AVE. N., SUITE 1-E	13 STREET ADDRESS	6533 9th Avenue North, Suite 1-E
CITY-ST-ZIP	ST PETERSBURG FL 33710	14 CITY-ST-ZIP	St. Petersburg, FL 33710
TITLE	VP/D	21 TITLE	President ☒ Change ☐ Addition
NAME	PETERSON, MANDY	22 NAME	Peterson, Mandy
STREET ADDRESS	1301 FIFTH AVE NORTH	23 STREET ADDRESS	1301 Fifth Avenue North
CITY-ST-ZIP	ST. PETERSBURG FL 33705	24 CITY-ST-ZIP	St. Petersburg, FL 33705
TITLE	S/D	31 TITLE	☐ Change ☐ Addition
NAME	GILES, JOEL	32 NAME	
STREET ADDRESS	6 533 9TH AVE. N., SUITE 1-E	33 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33710	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	RUMPF, BILL	42 NAME	
STREET ADDRESS	111 SECOND AVE. N.E. SUITE 1200	43 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33710	44 CITY-ST-ZIP	
TITLE	S/D	51 TITLE	☐ Change ☐ Addition
NAME	WILSON, TOM	52 NAME	
STREET ADDRESS	6533 9TH AVE.N. SUITE 1-E	53 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33710	54 CITY-ST-ZIP	
TITLE	VD	61 TITLE	☐ Change ☐ Addition
NAME	MULDOON, BRENDAN	62 NAME	
STREET ADDRESS	PO BOX 40200 N/A	63 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33743-0200	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jeffrey D. Forbes Jeffrey Forbes 4/29/95 (813) 345-9126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

006121