

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N93000003205 (2)**

1. Corporation Name

CATHOLIC CHARITIES HOUSING, INC.



Principal Place of Business

**6533 9TH AVE N
ST PETERSBURG FL 33710**

Mailing Address

**6533 9TH AVE N
ST PETERSBURG FL 33710**

3. Date Incorporated or Qualified
07/19/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DWTO, 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Mandy Peterson, President**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **FORBES, JEFFORY C**
CITY-ST-ZIP **6533 9TH AVE. N., SUITE 1-E
ST PETERSBURG FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **PETERSON, MANDY**
CITY-ST-ZIP **1301 FIFTH AVE NORTH
ST. PETERSBURG FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Also a director**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **S/D**
STREET ADDRESS **GILES, JOEL**
CITY-ST-ZIP **6 533 9TH AVE. N., SUITE 1-E
ST PETERSBURG FL 33710**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **RUMPF, BILL**
CITY-ST-ZIP **111 SECOND AVE. N.E. SUITE 1200
ST PETERSBURG FL 33710**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **Also a director**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **S/D**
STREET ADDRESS **WILSON, TOM**
CITY-ST-ZIP **6533 9TH AVE. N. SUITE 1-E
ST PETERSBURG FL 33710**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **VD**
STREET ADDRESS **MULDOON, BRENDAN**
CITY-ST-ZIP **PO BOX 40200 N/A
ST PETERSBURG FL 33743-0200**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **Director**
6.3 STREET ADDRESS **James Sebesta**
6.4 CITY-ST-ZIP **P.C. Box 40200
St. Petersburg, FL 33743**

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: **Mandy Peterson, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96

Date

Daytime Phone #

CR2E037 (12/95)