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FILED

Jan 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000001487 (6)

1. Corporation Name

FCAN, INC.

Principal Place of Business

CATHOLIC COMMUNITY SERVICES  
1505 NE 26TH ST.  
WILTON MANORS FL 33305

Mailing Address

CATHOLIC COMMUNITY SERVICES  
1505 NE 26TH ST.  
WILTON MANORS FL 33305-13383. Date Incorporated or Qualified  
03/27/19953a. Date of Last Report  
06/14/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

4. FEI Number

APPLIED FOR 65-0664684

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. 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

RAUSCH, DENNIS REV.  
CATHOLIC COMMUNITY SERVICES  
1505 NE 26TH ST.  
WILTON MANORS FL 33305

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DV ☒ DELETE  
NAME RAUSCH, DENNIS  
STREET ADDRESS 1300 S ANDREWS AVE  
CITY-ST-ZIP FT LAUDERDALE FL 33316TITLE DT ☐ DELETE  
NAME PAYETTE, MARLENE  
STREET ADDRESS 134 E CHURCH ST SUITE 2  
CITY-ST-ZIP JACKSONVILLE FL 32202-3130TITLE DS ☒ DELETE  
NAME SIMON, THERESA  
STREET ADDRESS 5619 NEW YORK AVE  
CITY-ST-ZIP SARASOTA FL 34231-8420TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☐ Change ☒ Addition  
1.2 NAME Rausch, Dennis  
1.3 STREET ADDRESS 1300 S Andrews Ave  
1.4 CITY-ST-ZIP Ft Lauderdale, FL 333162.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE DS ☒ Change ☐ Addition  
3.2 NAME Sullivan, Julie  
3.3 STREET ADDRESS 4680 Lake Underhill Road  
3.4 CITY-ST-ZIP Orlando, FL 328074.1 TITLE DV ☒ Change ☐ Addition  
4.2 NAME Nevolo, Frances  
4.3 STREET ADDRESS 1670 4th Street  
4.4 CITY-ST-ZIP Sarasota, FL 342365.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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:

Marlene Payette  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-97

Date

(904) 354-4846

Daytime Phone # 0035700

CR2E037 (9/96)