


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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

3. Date Incorporated or Qualified

03/27/1995

4. FEI Number

65-0664684

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ 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 ☐ DELETE

NAME DP  
RAUSCH, DENNIS  
STREET ADDRESS 1300 S ANDREWS AVE  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ DELETE

NAME DT  
PAYETTE, MARLENE  
STREET ADDRESS 134 E CHURCH ST SUITE 2  
CITY-ST-ZIP JACKSONVILLE FL 32202-3130

TITLE ☐ DELETE

NAME DS  
SULLIVAN, JULIE  
STREET ADDRESS 4680 LAKE UNDERHILL RD  
CITY-ST-ZIP ORLANDO FL 32807

TITLE ☐ DELETE

NAME DV  
NEVLO, FRANCES  
STREET ADDRESS 1670 4TH ST  
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME DP  
Dennis Rausch  
CATHOLIC COMMUNITY SERVICES  
1505 NE 26TH ST  
WILTON MANORS, FL 33305

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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 REQUIRED**

1-15-98

904-354-4846

x239

CR2E037 (10/97)