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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000001487

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



2. Principal Place of Business

21 CC/Archdiocese of HIA/AIDS Ministry  
Suite, Apt. #, etc.

22 1808 NE 26th Street #238  
City & State

23 Wilton Manors, FL  
Zip Country

24 33305 25

2a. Mailing Address

26 CC/Archdiocese of HIA/AIDS Ministry  
Suite, Apt. #, etc.

27 1808 NE 26th St. #238  
City & State

28 Wilton Manors, FL  
Zip Country

29 33305 30

3. Date Incorporated or Qualified

03/27/1995

4. FEI Number

65-0664684

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 DP  
NAME RAUSCH, DENNIS  
STREET ADDRESS 1505 NE 26TH ST  
CITY-ST-ZIP WILTON MANORS FL 33305

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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, with all other like empowered.

SIGNATURE:

M. Payette

SIGNATURE REQUIRED

Marlene Payette

1-13-99

904-354-4846 X229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)