2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002104

FILED Jan 08, 2007 Secretary of State

Entity Name: CATHOLIC CHARITIES FOUNDATION OF TAMPA BAY, INC.

Current Principal Place of Business: New Principal Place of Business: 1213 16TH STREET NORTH SAINT PETERSBURG, FL 33705 **Current Mailing Address: New Mailing Address:** 1213 16TH STREET NORTH SAINT PETERSBURG, FL 33705 FEI Number: 59-3405746 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DIVITO, JOSEPH A 4514 CENTRAL AVE ST. PETERSBURG, FL 33711 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MURPHY, FRANK V Name: Name: 1213 16TH STREET NORTH Address: Address: City-St-Zip: ST. PETERSBURG, FL 33705 City-St-Zip: Title: () Delete Title: () Change () Addition Name: NEUHOFER, SR MARY CLARE Name: Address: 1213 16TH STREET NORTH Address: City-St-Zip: ST. PETERSBURG, FL 33705 City-St-Zip: Title: () Delete Title: () Change () Addition DWYER, SR. DOROTHY OSF Name: Name: Address: 1213 16THE STREET NORTH Address: City-St-Zip: ST. PETERSBURG, FL 33705 City-St-Zip: Title: CD () Delete Title: (X) Change () Addition Name: LYNCH, ROBERT N MOST Name: MURPHY, DANIEL PO BOX 40200 N/A Address: PO BOX 40200 N/A Address: City-St-Zip: ST PETERSBURG, FL City-St-Zip: ST PETERSBURG, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK V. MURPHY P 01/08/2007