

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002104

FILED  
Jan 05, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1213 16TH STREET NORTH  
SAINT PETERSBURG, FL 33705

**New Principal Place of Business:**

**Current Mailing Address:**

1213 16TH STREET NORTH  
SAINT PETERSBURG, FL 33705

**New Mailing Address:**

FEI Number: 59-3405746      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DIVITO, JOSEPH A  
4514 CENTRAL AVE.  
ST. PETERSBURG, FL 33711      US

**Name and Address of New Registered Agent:**

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:**

Title: P      ( ) Delete  
Name: MURPHY, FRANK V  
Address: 1213 16TH STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: V      ( ) Delete  
Name: NEUHOFER, SR MARY CLARE  
Address: 1213 16TH STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: S      ( ) Delete  
Name: DWYER, SR. DOROTHY OSF  
Address: 1213 16THE STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: T      ( ) Delete  
Name: MURPHY, DANIEL  
Address: PO BOX 40200 N/A  
City-St-Zip: ST PETERSBURG, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T      (X) Change ( ) Addition  
Name: MURPHY, DANIEL  
Address: PO BOX 40200 N/A  
City-St-Zip: ST PETERSBURG, FL 33705

I hereby certify that the information supplied with this filing does not qualify 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

01/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date