

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 OCT 22 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # N97000005645 (3)

1. Corporation Name

CATHOLIC FAMILY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4015 BAYSHORE BLVD., STE. 15 E  
TAMPA FL 33611

4015 BAYSHORE BLVD., STE. 15 E  
TAMPA FL 33611

3. Date Incorporated or Qualified

10/06/1997

4. FEI Number

☒ Applied For  
☐ Not Applicable

2. Principal Place of Business

21 a/a

2a. Mailing Address

26 a/a

Suite, Apt. #, etc.

22 a/a

Suite, Apt. #, etc.

27 a/a

City & State

23 FL

City & State

28 a/a

Zip

24 33611

Country

25 USA

Zip

29 a/a

Country

30 USA

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

SCHOPPMAN, JOHN D  
1808 OAKHURST STREET  
BRANDON FL 33511

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 ☐ DELETE

NAME CAVANAGH, DENIS

STREET ADDRESS 4015 BAYSHORE BLVD., STE. 15 E

CITY-ST-ZIP TAMPA FL 33611

TITLE DVT ☐ DELETE

NAME SCHOPPMAN, JOHN D

STREET ADDRESS 1808 OAKHURST ST.

CITY-ST-ZIP BRANDON FL 33511

TITLE DS ☐ DELETE

NAME SCHOPPMAN, MARY E

STREET ADDRESS 1808 OAKHURST ST.

CITY-ST-ZIP BRANDON FL 33511

TITLE SECRETARY/TREASURER ☐ DELETE

NAME L. ANNE CAVANAGH

STREET ADDRESS 4015 BAYSHORE BLVD STE. 15 E.

CITY-ST-ZIP TAMPA FL 33611

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 SECRETARY/TREASURER ☒ Change ☒ Addition

1.2 NAME L. ANNE CAVANAGH

1.3 STREET ADDRESS 4015 BAYSHORE BLVD. #15E

1.4 CITY-ST-ZIP TAMPA, FL 33611

2.1 TITLE ☒ Change ☒ Addition

2.2 NAME EUGENE H. RUFFOLO, JR.

2.3 STREET ADDRESS 102 MARTINIQUE AVE.,

2.4 CITY-ST-ZIP TAMPA, FL 33606. Vice-President

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE 800002674938 ☐ Change ☐ Addition

4.2 NAME -10/28/98-01088-016

4.3 STREET ADDRESS \*\*\*\*\*61.25 \*\*\*\*\*61.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/98 (813) 831-4173

Date

Daytime Phone #

CR2E037 (5/98)