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**Feb 22, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N97000005645**

1. Corporation Name

**CATHOLIC FAMILY ASSOCIATION, INC.**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

10/06/1997

4. FEI Number

APPLIED FOR 59-3542611

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

SCHOPPMAN, JOHN D  
1808 OAKHURST STREET  
BRANDON FL 33511

10. Name and Address of New Registered Agent

81 Name

DENIS CAVANAGH

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

4015 BAYSHORE BLVD., STE. 15 E

83

84 City

TAMPA FL

FL

85 Zip Code  
33611

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

*Denis Cavanagh*

1-7-99

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 ST ☐ DELETE  
NAME CAVANAGH, L. ANNE  
STREET ADDRESS 4015 BAYSHORE BLVD. #15E  
CITY-ST-ZIP TAMPA FL 33611

TITLE VP ☐ DELETE  
NAME RUFFOLO, EUGENE H  
STREET ADDRESS 102 MARTINIQUE AVE.  
CITY-ST-ZIP TAMPA FL 33606

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Denis Cavanagh* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)