

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # **P29762** (2)
1. Corporation Name
CATHOLIC RELIEF SERVICES - UNITED STATES CATHOLIC CONFERENCE INCORPORATED



Principal Place of Business
**209 WEST FAYETTE STREET
BALTIMORE MD 21201**

Mailing Address
**209 WEST FAYETTE STREET
BALTIMORE MD 21201**

3. Date Incorporated or Qualified
06/15/1990

3a. Date of Last Report
02/13/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	13-5563422	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28		
Zip	Country		
24	25		
	29		
	30		

9. Name and Address of Current Registered Agent

**BROWN, STACY DANIEL
110 SHEPHERD TRAIL
LONGWOOD FL 32752-0632**

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 reissuing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, JAMES A.	1.2 NAME	Ricard, John H., Most Rev.
STREET ADDRESS	209 WEST FAYETTE ST.	1.3 STREET ADDRESS	209 W. Fayette Street
CITY - ST - ZIP	BALTIMORE MD	1.4 CITY - ST - ZIP	Baltimore, MD 21201
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, ROBERT	2.2 NAME	Schnurr, Dennis M., Rev. Msgr.
STREET ADDRESS	209 WEST FAYETTE ST.	2.3 STREET ADDRESS	209 W. Fayette Street
CITY - ST - ZIP	BALTIMORE MD	2.4 CITY - ST - ZIP	Baltimore, MD 21201
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTE, FRANCIS B.	3.2 NAME	Hackett, Kenneth
STREET ADDRESS	209 WEST FAYETTE STREET	3.3 STREET ADDRESS	209 W. Fayette Street
CITY - ST - ZIP	BALTIMORE MD	3.4 CITY - ST - ZIP	Baltimore, MD 21201
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULLOCK, WILLIAM H.	4.2 NAME	Dana, A. William
STREET ADDRESS	PO BOX 1816 N/A	4.3 STREET ADDRESS	209 W. Fayette Street
CITY - ST - ZIP	DES MOINES IA	4.4 CITY - ST - ZIP	Baltimore, MD 21201
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKEY, JAMES CARDINAL	5.2 NAME	Wiest, Michael
STREET ADDRESS	209 W. FAYETTE STREET	5.3 STREET ADDRESS	209 W. Fayette Street
CITY - ST - ZIP	BALTIMORE MD	5.4 CITY - ST - ZIP	Baltimore, MD 21201
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Donnelly, John
STREET ADDRESS		6.3 STREET ADDRESS	209 W. Fayette Street
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Baltimore, MD 21201

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96

410-625-2220

Date

Daytime Phone #

CR2E037 (12/95)