## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

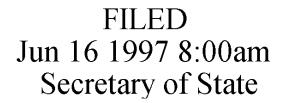
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

CATHOLIC RELIEF SERVICES - UNITED STATES CATHOLI C CONFERENCE INCORPORATED

Principal Place of Business

Mailing Address





209 WEST FAY BALTIMORE MC		209 WEST FAYE BALTIMORE MD								
						3. Date Incorporated or Qualified 06/15/1990			of Last Report 14/24/1996	
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number	- <del>1</del> -		Applied For	
21		26				13-5563422		i	lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	9	City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Country Zip			/	8. This corporation has liability for intangible tax under s. 199.032,				
24	25	29	30				] Yes _			
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Re	gistered A	gent		
				81	Name					
Brown, Stacy Daniel				82	Street A	et Address (P.O. Box Number is Not Acceptable)				
110 SHEPHERD TRAIL										
LONGW	OOD FL 32752-0632			83	1					
				84	City		FL	<b>85</b> Zip	Code	
11. Pursuant t	to the provisions of Sections 617 050	2 and 617 1508 Flor	ida Statutes, the	abov	e-pamed -	corporation submits this statement for the n		changing	its registered	
office or re agent. I ar	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such cha ations of, Section 617	nge was authori 7.0503, Florida S	zed b	the corps.	corporation submits this statement for the p location's board of directors. I hereby accep-	the appo	intment a	s registered	
SIGNATURE_	Signature, typed or printed name of registered age	at and tile if anglicable	GIOTE: Papiel	orod Am	ant singut up	required when reinstating)	DATE			
12.	OFFICERS ANI			3.	ant eignatore	ADDITIONS/CHANGES TO OFFICE		DIRECTO	BS IN 12	
TITLE	P			1 TITLE				Change		
NAME	RICARD, JOHN H. MOST R		<u>}</u> 13	2 NAME	1			-		
STREET ADDRESS	209 WEST FAYETTE ST.		1.3	3 STREET	ADDRESS				İ	
CITY-ST-ZIP	BALTIMORE MD			4 CITY-5					l.	
TITLE	\$			1 TITLE				Change	☐ Addition	
NAME	SCHNURR, DENNIS M. REV		2.3	2 NAME	ì				)	
STREET ADDRESS	209 WEST FAYETTE ST.		2.3	3 STREE1	ADDRESS					
CITY-ST-ZIP	BALTIMORE MD		2	4 CITY-	ST-ZIP					
TITLE	D		DELETE 3.	1 TITLE				Change	☐ Addition	
NAME	HACKETT, KENNETH		3.5	2 NAME					}	
STREET ADDRESS	209 WEST FAYETTE STREET		9.3	3 STREET	ADDRESS					
CITY-ST-ZIP	BALTIMORE MD			4. CITY-:	ST-ZIP					
TITLE	D		DELETE 4.	1 TITLE			_ [	Change	Addition	
NAME	DANA, A. WILLIAM		4.	2 NAME	ľ				İ	
STREET ADDRESS	209 W FAYETTE ST		4.3	3 STREET	ADDRESS				ļ	
CITY-ST-ZIP	BALTIMORE MD			4 CITY - S	T-ZIP		<del></del>	1		
TITLE	D	LJC	1	1 TITLE	1		L	Change	☐ Addition	
NAME	WIEST, MICHAEL		B -	2 NAME	į,					
STREET ADDRESS	209 W. FAYETTE STREET				ADDRESS					
CITY-ST-ZIP	BALTIMORE MD			4 CITY - S	T-ZIP			Ch	A 440144	
TITLE	D COMMENT OF THE	4 لبا	•	1 TITLE	ļ		ι	Change	Addition	
NAME	DONNELLY, JOHN			2 NAME						
STREET ADDRESS	209 W. FAYETTE ST				ADDRESS					
CITY-ST-ZIP	BALTIMORE MD		6.4	4 City-S	T-ZIP					

I do hereby certify that the information supplied with this filling 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