


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90215 050 \*\*\*\*70.00

**DOCUMENT # N03000007499**

1. Entity Name  
 CATHOLIC CHARITIES HOUSING, DIOCESE OF VENICE, INC.



Principal Place of Business  
 1000 PINEBROOK ROAD  
 VENICE, FL 34292

Mailing Address  
 1000 PINEBROOK ROAD  
 VENICE, FL 34292

**50014151**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02132006 Chg-NP CR2E037 (11/05)

4. FEI Number 20-0487215	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DIVITO, JOSEPH A 4514 CENTRAL AVENUE ST. PETERSBURG, FL 33711		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMERYK, VOLODYMYR DR. 1000 PINEBROOK ROAD VENICE, FL 34292 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>See Attached List</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROUTSIS-ARROYO, PETER 1000 PINEBROOK ROAD VENICE, FL 34292 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSTER, CATHY SR. 1000 PINEBROOK ROAD VENICE, FL 34292 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, JACK 1000 PINEBROOK RD VENICE, FL 34285 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMILLO, AHA 1000 PINEBROOK RD VENICE, FL 34285 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAVELLI, DR. JOSEPH 1000 PINEBROOK RD VENICE, FL 34285 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Pete Rautava - Always **4/18/06** **941-488-5581**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT  
~~50014151~~  
#N03000007499

Board Of Directors

Ex-Officio

Most Rev. John J. Nevins, D.D.  
Diocese of Venice  
1000 Pinebrook Road  
Venice, FL 34285  
Tel. (941) 484-9543  
Fax (941) 484-1121  
e-mail: marone@dioceseofvenice.org

Very Rev. Edward D. Moretti, V.G.  
Ss Peter and Paul the Apostles Parish  
2850 75<sup>th</sup> Street West  
Bradenton, FL 34209  
Tel. (941) 795-1228  
Fax (941) 794-0127  
e-mail: ss2850pp@hotmail.com

Dr. Volodymyr Smeryk, M.A., J.C.D., J.D.  
Chancellor  
Diocese of Venice  
1000 Pinebrook Road  
Venice, FL 34292  
Tel. (941) 484-9543  
Fax (941) 484-1121  
e-mail: volodymyr@dioceseofvenice.org

President

Mr. Peter Routsis-Arroyo, LCSW  
President/CEO  
1000 Pinebrook Road  
Venice, FL 34285  
Tel. (941) 488-5581  
Fax (941) 484-1121  
e-mail: prarroyo@dioceseofvenice.org

ATTACHMENT

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Vice-President

Sister Cathy Buster, SP  
420 Beach Road  
Sarasota, FL 34242  
Tel. (941) 349-0318  
Fax (941) 349-8185  
Cel. (941) 928-2386  
e-mail: [cathybsp@verizon.net](mailto:cathybsp@verizon.net)

Chair

Mr. Jack Martin  
P.O. Box 1049  
Boca Grande, FL 33921  
Tel. (941) 964-1562  
Fax (941) 964-1653  
e-mail: [jwmartin@sail@netscape.net](mailto:jwmartin@sail@netscape.net)

Vice-Chair

Dr. Joseph Ravelli  
240 Monterey Drive  
Naples, FL 34119  
Tel. (239) 352-0937  
e-mail: [jravelli@fgcu.edu](mailto:jravelli@fgcu.edu)

Secretary/Treasurer

Mr. Robert C. Johnson, CFO  
Catholic Charities, Diocese of Venice, Inc.  
1000 Pinebrook Road  
Venice, FL 34285  
Tel. (941) 488-5581  
Fax (941) 484-1121  
e-mail: [johnson@dioceseofvenice.org](mailto:johnson@dioceseofvenice.org)

Members

Mrs. Julie B. Fogarty  
611 Park Drive, W.  
Bradenton, FL 34209  
Tel. (941) 746-3805  
e-mail: [fogartyeg@aol.com](mailto:fogartyeg@aol.com)

ATTACHMENT

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#NO 3000007499

Mrs. Ana M. Romillo, Director  
Charlotte County Homeless Coalition  
P.O. Box 380157  
Port Charlotte, FL 33938-0157  
Tel. (941) 627-4313  
Fax (941) 627-9648  
e-mail: ana\_romillo@cchomelesscoalition.org

Mr. James M. Sweeney, Housing Coordinator  
Charlotte County Human Services Department  
512 East Grace Street  
Punta Gorda, FL 33950-6199  
Tel. (239) 691-8012 (Cel)  
e-mail: jimspgha@comcast.net