

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008597

Entity Name: CATHOLIC CHARITIES OF FLORIDA, INC.**Current Principal Place of Business:**201 WEST PARK AVENUE
TALLAHASSEE, FL 32301**Current Mailing Address:**201 WEST PARK AVENUE
TALLAHASSEE, FL 32301 US**FEI Number:** 55-0900157**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EMMANUEL S, TEPHEN C. ESQ
1Q23 SOUTH CALHOUN STREET
TALLAHASSEE, FL 32302 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DP
Name	DUFVA, MARK
Address	1000 WEST GARDEN STREET
City-State-Zip:	PENSACOLA FL 32502

Title	D
Name	ROUTSIS-ARROYO, PETER D
Address	PO BOX 2006
City-State-Zip:	VENICE FL 34284-2006

Title	D
Name	HICKEY, LAURA
Address	134 EAST CHURCH STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	D
Name	MURPHY, FRANK III
Address	1213 16TH STREET NORTH
City-State-Zip:	ST. PETERSBURG FL 33705

Title	D
Name	GOMEZ, SHEILA
Address	PO BOX 109650
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	D
Name	TURCOTTE, RICHARD REV.
Address	9401 BISCAYNE BLVD
City-State-Zip:	MIAMI SHORES FL 33138

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARK DUFVA**PRESIDENT****04/25/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date