

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006179

Entity Name: CATHOLIC CHARITIES OF CENTRAL FLORIDA HOUSING, INC.**Current Principal Place of Business:**1819 NORTH SEMORAN BLVD
ORLANDO, FL 32807**Current Mailing Address:**1819 NORTH SEMORAN BLVD
ORLANDO, FL 32807 US**FEI Number:** 61-1960931**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RAMIREZ, JOSEPH
1819 N. SEMORAN BLVD.
ORLANDO, FL 32807 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:** GARY Q. TESTER

02/03/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name ASTA, RICK
Address 1819 NORTH SEMORAN BLVD
City-State-Zip: ORLANDO FL 32807

Title CFO, EX-OFFICIO
Name RAMIREZ, JOSEPH
Address 1819 NORTH SEMORAN BLVD
City-State-Zip: ORLANDO FL 32807

Title PRESIDENT, EX-OFFICIO
Name TESTER, GARY Q.
Address 1819 NORTH SEMORAN BLVD
City-State-Zip: ORLANDO FL 32807

Title VICE-CHAIRMAN
Name ROJAS, WILMAR
Address 1819 N SEMORAN BLVD
City-State-Zip: ORLANDO FL 32807

Title SECRETARY
Name BOSCO MAISON, FR. JOHN
Address 1819 N SEMORAN BLVD
City-State-Zip: ORLANDO FL 32807

Title EX-OFFICIO
Name CASEY, KEVIN
Address 1819 N SEMORAN BLVD
City-State-Zip: ORLANDO FL 32807

Title DIRECTOR
Name BELLISSIMO, JOE
Address 1819 NORTH SEMORAN BLVD
City-State-Zip: ORLANDO FL 32807

Title DIRECTOR
Name HODGES, FR. LEO
Address 1819 NORTH SEMORAN BLVD
City-State-Zip: ORLANDO FL 32807

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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: JOSEPH A RAMIREZ

CFO

02/03/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TREASURER
Name RILEY, KIMBERLEE
Address 1819 NORTH SEMORAN BLVD
City-State-Zip: ORLANDO FL 32807

Title EX-OFFICIO
Name FERGERSON, SCOTT
Address 1819 NORTH SEMORAN BLVD
City-State-Zip: ORLANDO FL 32807

Title DIRECTOR
Name FERRIS, RICHARD D
Address 1819 NORTH SEMORAN BLVD
City-State-Zip: ORLANDO FL 32807

Title DIRECTOR
Name CRUZADA, KRISTOPHER A
Address 1819 NORTH SEMORAN BLVD
City-State-Zip: ORLANDO FL 32807

Title SECRETARY
Name HARTNETT, JEFF
Address 1819 NORTH SEMORAN BLVD
City-State-Zip: ORLANDO FL 32807

Title COO, EX-OFFICO
Name ELL, DAVID
Address 1819 NORTH SEMORAN BLVD
City-State-Zip: ORLANDO FL 32807

Title DIRECTOR
Name MCNAMEE, ARLENE
Address 1819 NORTH SEMORAN BLVD
City-State-Zip: ORLANDO FL 32807

Title DIRECTOR
Name LEON, PEDRO A
Address 1819 NORTH SEMORAN BLVD
City-State-Zip: ORLANDO FL 32807