### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006179

Entity Name: CATHOLIC CHARITIES OF CENTRAL FLORIDA HOUSING, INC.

**FILED** Apr 17, 2024 **Secretary of State** 5263304680CC

# **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 04/17/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **CHAIRMAN** Title **EX-OFFICIO** 

ASTA, RICK Name Name GUTIERREZ, DARLENE

1819 NORTH SEMORAN BLVD Address 1819 NORTH SEMORAN BLVD Address

City-State-Zip: ORLANDO FL 32807 ORLANDO FL 32807 City-State-Zip:

Title **MEMBER** Title PRESIDENT, EX-OFFICIO

Name BOSCO MAISON, FR. JOHN Name TESTER, GARY Q. Address 1819 N SEMORAN BLVD Address 1819 NORTH SEMORAN BLVD ORLANDO FL 32807 City-State-Zip: City-State-Zip: ORLANDO FL 32807

Title **MEMBER** Title **EX-OFFICIO** 

Name BELLISSIMO, JOE CASEY, KEVIN Name

Address 1819 NORTH SEMORAN BLVD Address 1819 N SEMORAN BLVD

ORLANDO FL 32807 City-State-Zip: ORLANDO FL 32807 City-State-Zip:

Title **SECRETARY** Title **TREASURER** Name

HARTNETT, JEFF RILEY, KIMBERLEE Name

1819 NORTH SEMORAN BLVD Address 1819 NORTH SEMORAN BLVD Address

City-State-Zip: ORLANDO FL 32807 ORLANDO FL 32807 City-State-Zip:

### Continues on page 2

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.

04/17/2024 SIGNATURE: GARY Q TESTER PRESIDENT EX-OFFICIO

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title EX-OFFICIO

Name FERGERSON, SCOTT

Address 1819 NORTH SEMORAN BLVD

City-State-Zip: ORLANDO FL 32807

Title MEMBER

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

Title MEMBER

Name MOSCRIP, SCOTT ALFREDO
Address 1819 N SEMORAN BLVD
City-State-Zip: ORLANDO FL 32807

Title MEMBER

Name FERRIS, RICHARD D

Address 1819 NORTH SEMORAN BLVD

City-State-Zip: ORLANDO FL 32807

Title MEMBER

Name CRUZADA, KRISTOPHER A
Address 1819 NORTH SEMORAN BLVD

City-State-Zip: ORLANDO FL 32807

Title MEMBER

Name REDDOUT, BRENDA ALFREDO

Address 1819 N SEMORAN BLVD

ORLANDO

City-State-Zip: ORLANDO FL 32807