

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003205

Entity Name: CATHOLIC CHARITIES HOUSING, INC.**Current Principal Place of Business:**1213 16TH ST NORTH
SAINT PETERSBURG, FL 33705**Current Mailing Address:**1213 16TH ST NORTH
SAINT PETERSBURG, FL 33705**FEI Number:** 59-3201112**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DIVITO, JOSEPH A
DIVITO & HIGHAM, PA
4514 CENTRAL AVENUE
ST PETERSBURG, FL 33711 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	P
Name	MURPHY, FRANK V
Address	1213 16TH STREET NORTH
City-State-Zip:	ST. PETERSBURG FL 33705

Title	V
Name	DUFEK, JOHN
Address	1213 16TH ST NORTH
City-State-Zip:	SAINT PETERSBURG FL 33705

Title	TREASURER
Name	WAYNE, JAMES J
Address	1213 16TH ST NORTH
City-State-Zip:	SAINT PETERSBURG FL 33705

Title	CEO
Name	ROGERS, MARGARET
Address	1213 16TH ST NORTH
City-State-Zip:	SAINT PETERSBURG FL 33705

Title	DIRECTOR
Name	CHIAVACCI, ROBERT
Address	1213 16TH ST NORTH
City-State-Zip:	SAINT PETERSBURG FL 33705

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: JAMES WAYNE

TREAS

01/06/2020

Electronic Signature of Signing Officer/Director Detail_____
Date