

CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2001

Open to Public Inspection

Form 990

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

For the 2001 calendar year, or tax year period beginning JAN 1, 2002 and ending JUN 30, 2002

ENVELOPE POSTMARK DATE FEB 18 2003

Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type See Specific Instructions.

C Name of organization CAMILLUS HOUSE, INC. & AFFILIATE
 Number and street (or P O box if mail is not delivered to street address) P.O. BOX 11829
 Room/suite
 City or town, state or country, and ZIP + 4 MIAMI, FL 33101

D Employer identification number 65-0032862

E Telephone number (305) 374-1065

F Accounting method Cash Accrual Other (specify)

G Web site CAMILLUS.ORG

H and I are not applicable to section 527 organizations
 H(a) Is this a group return for affiliates? Yes No
 H(b) If "Yes," enter number of affiliates 1
 H(c) Are all affiliates included? Yes No (If "No," attach a list.)
 H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
 I Enter 4-digit GEN SMT1

J Organization type (check only one) 501(c)(3) (insert no) 4947(a)(1) or 527

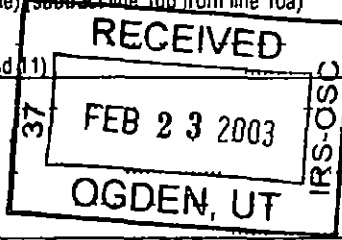
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 4,542,555.

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	
a	Direct public support	1a 3,090,084.
b	Indirect public support	1b
c	Government contributions (grants)	1c 1,014,675.
d	Total (add lines 1a through 1c) (cash \$ 2,455,764. noncash \$ 1,648,995.)	1d 4,104,759.
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2 154,775.
3	Membership dues and assessments	3
4	Interest on savings and temporary cash investments	4 16,720.
5	Dividends and interest from securities	5
6a	Gross rents	6a
b	Less rental expenses	6b
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c
7	Other investment income (describe)	7
8a	Gross amount from sale of assets other than inventory	(A) Securities (B) Other 8a 96,500.
b	Less cost or other basis and sales expenses	8b 36,500.
c	Gain or (loss) (attach schedule)	8c 60,000.
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d STMT 2 60,000.
9a	Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a 142,902.
b	Less direct expenses other than fundraising expenses	9b 43,405.
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c SEE STATEMENT 3 99,497.
10a	Gross sales of inventory, less returns and allowances	10a
b	Less cost of goods sold	10b
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c
11	Other revenue (from Part VII, line 103)	11 26,899.
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12 4,462,650.
13	Program services (from line 44, column (B))	13 3,652,271.
14	Management and general (from line 44, column (C))	14 1,098,863.
15	Fundraising (from line 44, column (D))	15 296,346.
16	Payments to affiliates (attach schedule)	16
17	Total expenses (add lines 16 and 44, column (A))	17 5,047,480.
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18 <584,830.>
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19 15,331,491.
20	Other changes in net assets or fund balances (attach explanation)	20 SEE STATEMENT 4 <93,222.>
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21 14,653,439.



SCANNED MAR 18 2003

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) cash \$ _____ noncash \$ _____	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 304,909.	67,132.	237,777.	0.
26 Other salaries and wages	26 1,216,476.	865,288.	231,131.	120,057.
27 Pension plan contributions	27 99,788.	33,330.	62,831.	3,627.
28 Other employee benefits	28 143,807.	98,985.	33,851.	10,971.
29 Payroll taxes	29 125,030.	80,341.	34,886.	9,803.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33			
34 Telephone	34			
35 Postage and shipping	35			
36 Occupancy	36 184,843.	136,051.	48,792.	
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39 15,522.	7,272.	4,255.	3,995.
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 241,015.		241,015.	
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 5	43e 2,716,090.	2,363,872.	204,325.	147,893.
44 Total functional expenses (add line 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 5,047,480.	3,652,271.	1,098,863.	296,346.

Joint Costs Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose?

PROVIDE FOOD, SHELTER & SVCS TO HOMELESS/INDIGENT

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others.)

a HOUSING PROGRAMS: TO PROVIDE TRANSITIONAL HOUSING FOR HOMELESS FAMILIES AND INDIVIDUALS, AS WELL AS EMERGENCY SHELTER AND SERVICES	(Grants and allocations \$ _____)	630,434.
b SOCIAL SERVICES: TO PROVIDE CASE MANAGEMENT AND ASSESSMENT TO HOMELESS FAMILIES AND INDIVIDUALS.	(Grants and allocations \$ _____)	2,376,226.
c CAMILLUS LIFE CENTER: TO PROVIDE DRUG REHABILITATION, COUNSELING AND JOB PLACEMENT FOR HOMELESS INDIVIDUALS.	(Grants and allocations \$ _____)	297,381.
d COMMUNITY VOICES: OUTREACH PROGRAM IN LOCAL MIAMI AREA TO ENCOURAGE HOMELESS HIV PATIENTS TO SEEK TREATMENT.	(Grants and allocations \$ _____)	348,230.
e Other program services (attach schedule)	(Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		3,652,271.

Part IV Balance Sheets

Note		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A)		(B)	
				Beginning of year		End of year	
Assets	45	Cash - non-interest-bearing		252,774.	45	65,516.	
	46	Savings and temporary cash investments		2,175,815.	46	1,754,422.	
	47 a	Accounts receivable	47a	14,728.			
		b Less allowance for doubtful accounts	47b		150,887.	47c	14,728.
	48 a	Pledges receivable	48a	216,934.			
		b Less allowance for doubtful accounts	48b	50,000.	98,229.	48c	166,934.
	49	Grants receivable			250,155.	49	687,693.
	50	Receivables from officers, directors, trustees, and key employees				50	
	51 a	Other notes and loans receivable	51a	4,918.			
		b Less allowance for doubtful accounts	51b		2,266.	51c	4,918.
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges			65,505.	53	79,994.
	54	Investments - securities STMT 6			37,987.	54	5,548.
	55 a	Investments - land, buildings, and equipment basis	55a	5,235.			
	b Less accumulated depreciation	55b		41,735.	55c	5,235.	
56	Investments - other				56		
57 a	Land, buildings, and equipment basis	57a	14,530,132.				
	b Less accumulated depreciation STMT 7	57b	2,864,094.	11,550,307.	57c	11,666,038.	
58	Other assets (describe SEE STATEMENT 8)			1,517,499.	58	1,385,118.	
59	Total assets (add lines 45 through 58) (must equal line 74)			16,143,159.	59	15,836,144.	
Liabilities	60	Accounts payable and accrued expenses		589,166.	60	654,689.	
	61	Grants payable			61		
	62	Deferred revenue			165,741.	62	471,267.
	63	Loans from officers, directors, trustees, and key employees				63	
	64 a	Tax-exempt bond liabilities				64a	
		b Mortgages and other notes payable			56,761.	64b	56,749.
	65	Other liabilities (describe)				65	
66	Total liabilities (add lines 60 through 65)			811,668.	66	1,182,705.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74						
	67	Unrestricted		14,446,743.	67	12,632,778.	
	68	Temporarily restricted		643,498.	68	1,795,036.	
	69	Permanently restricted		241,250.	69	225,625.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74						
	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment, accumulated income, or other funds				72	
	73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)			15,331,491.	73	14,653,439.
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)			16,143,159.	74	15,836,144.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a	Total revenue, gains, and other support per audited financial statements	a	5,260,737.
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$ <93,222.>		
(2)	Donated services and use of facilities \$ _____		
(3)	Recoveries of prior year grants \$ _____		
(4)	Other (specify) STMT 9 \$ 891,309.		
	Add amounts on lines (1) through (4)	b	798,087.
c	Line a minus line b	c	4,462,650.
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify) \$ _____		
	Add amounts on lines (1) and (2)	d	0.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	4,462,650.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	5,960,475.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$ _____		
(2)	Prior year adjustments reported on line 20, Form 990 \$ _____		
(3)	Losses reported on line 20, Form 990 \$ _____		
(4)	Other (specify) STMT 10 \$ 912,995.		
	Add amounts on lines (1) through (4)	b	912,995.
c	Line a minus line b	c	5,047,480.
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify) \$ _____		
	Add amounts on lines (1) and (2)	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	5,047,480.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<u>SEE ATTACHED LIST OF BOARD OF DIRECT.</u>		0.	0.	0.
<u>DALE SIMPSON</u> <u>803 NW 9 AVENUE</u> <u>MIAMI, FL 33126</u>	COO 40	77,000.	4,620.	0.
<u>PETER ENGLAND</u> <u>7620 SW 171 ST</u> <u>MIAMI, FL 33157</u>	GOVERNMENT RELATIONS 40	40,810.	2,449.	0.
<u>PAT CAWLEY</u> <u>1135 103RD STREET APT A-3</u> <u>MIAMI BEACH, FL</u>	PROGRAM ADMINISTRATOR 40	32,448.	1,947.	0.
<u>GEORGINA PARDO</u> <u>6800 SW 67 STREET</u> <u>MIAMI, FL 33143</u>	CFO 40	38,626.	2,318.	0.
<u>KAREN MAHAR</u> <u>820 15 STREET</u> <u>MIAMI BEACH, FL 33139</u>	DIRECTOR OF PROGRAM DEVEL. 40	30,690.	1,841.	0.
<u>LEDA PEREZ</u> <u>1717 NO. BAYSHORE DRIVE #1550</u> <u>MIAMI, FL 33132</u>	DIRECTOR OF DEVELOPMENT 40	34,684.	2,081.	0.
<u>BROTHER RAFAEL MIESZALA</u> <u>336 NW 5TH STREET</u> <u>MIAMI, FL 33128</u>	CEO 40	50,582.	0.	0.

20-26-10 11/18/21

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization SEE STATEMENT 11 and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures See line 81 instructions	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed NONE/NOT REQUIRED IN FLORIDA		
b	Number of employees employed in the pay period that includes March 12, 2001	90b	62
91	The books are in care of GEORGINA PARDO Telephone no (305) 374-1065		
	Located at 336 NW 5TH ST., MIAMI, FL ZIP + 4 33128		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

Note Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a CLIENT CONTRIBUTIONS					154,775.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	16,720.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					60,000.
101 Net income or (loss) from special events			01	99,497.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISCELLANEOUS					26,899.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		116,217.	241,674.
105 Total (add line 104, columns (B), (D), and (E))					357,891.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
100	PROCEEDS FROM LIQUIDATING AN ASSET USED FOR PROGRAMS FOR THE HOMELESS
93A	SOME HOMELESS CONTRIBUTE TO ROOM AND BOARD, BASED ON THEIR ABILITY TO PAY, IN ORDER TO UNDERSTAND AND BE REHABILITATED IN SOCIAL RESPONSIB.
103A	MISCELLANEOUS FUNDS USED TO COVER COSTS NOT COVERED BY GRANTS/DONATION

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

completing schedules and statements, and to the best of my knowledge and belief it is true, information of which preparer has any knowledge

Signature: Dale A. Simpson / Executive

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2001

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

CAMILLUS HOUSE, INC. & AFFILIATE

Employer identification number

65 0032862

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DALE SIMPSON ----- 803 NW 9 AVENUE, MIAMI, FL 33126	COO 40	77,000.	4,620.	
PETER ENGLAND ----- 7620 SW 171 ST, MIAMI, FL 33157	DIR GOV'T REL 40	40,810.	2,449.	
LEDA PEREZ ----- 1717 N. BAYSHORE DR. #1550 MIAMI, FL	DIR OF DEVEL 40	34,684.	2,081.	
GEORGINA PARDO ----- 6800 SW 67 STREET, MIAMI, FL 33143	CFO 40	38,626.	2,318.	
BRO. RAPHAEL MIESZALA ----- 680 NE 52 STREET, MIAMI, FL	CEO 40	50,651.	0.	
Total number of other employees paid over \$50,000 ▶	3			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
UNITED WAY ----- 3250 SW 3RD AVENUE MIAMI, FL 33129	COMMUNITY OUTREACH PROGRAM	275,000.
RODRIGUEZ AND QUIROGA ----- 4440 PONCE DE LEON BLVD CORAL GABLES, FL	ARCHITECTS/ENGINE ERING	261,769.
RAND ----- LOS ANGELES, CA 90074-3174	CONSULTING SERVICES	50,000.
INTERNATIONAL DATA MANAGEMENT ----- 490 WHITE POND DRIVE AKRON, OH 44320	GIFT PROCESSING	101,135.

Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>		X
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions) SEE STATEMENT 12</p> <p>a Sale, exchange, or leasing of property?</p>		X
<p>b Lending of money or other extension of credit?</p>		X
<p>c Furnishing of goods, services, or facilities?</p>		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	X	
<p>e Transfer of any part of its income or assets?</p>		X
<p>3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below.)</p>		X
<p>4 Do you have a section 403(b) annuity plan for your employees?</p>	X	

Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	6,246,878.	2,585,407.	1,903,371.	5,656,239.	16,391,895.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose				300,000.	300,000.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	356,092.	152,939.	112,273.	107,558.	728,862.
19 Net income from unrelated business activities not included in line 18		137,268.			137,268.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.			SEE STATEMENT 13	240,179.	240,179.
23 Total of lines 15 through 22	6,602,970.	2,875,614.	2,015,644.	6,303,976.	17,798,204.
24 Line 23 minus line 17	6,602,970.	2,875,614.	2,015,644.	6,003,976.	17,498,204.
25 Enter 1% of line 23	66,030.	28,756.	20,156.	63,040.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24 b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts. c Total support for section 509(a)(1) test: Enter line 24, column (e) d Add: Amounts from column (e) for lines 18 _____ 728,862. 19 _____ 137,268. 22 _____ 240,179. 26b _____ e Public support (line 26c minus line 26d total) f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26a 349,964. 26b 0. 26c 17,498,204. 26d 1,106,309. 26e 16,391,895. 26f 93.6776%
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2000) _____ (1999) _____ (1998) _____ (1997) _____ b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2000) _____ (1999) _____ (1998) _____ (1997) _____ c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ d Add: Line 27a total _____ and line 27b total _____ e Public support (line 27c total minus line 27d total) f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) 27f N/A g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27c N/A 27d N/A 27e N/A 27g N/A % 27h N/A %

28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

NONE

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)		

32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)	32d	

33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)	33h	

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group Check b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is -		
	The lobbying nontaxable amount is -		
	Not over \$500,000	20% of the amount on line 40	} 41
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

FOOTNOTES

STATEMENT 1

CHARITIES UNLIMITED OF FLORIDA, INC. EIN#65-0627797

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
COLLIER CITY PROPERTY			PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
KEVIN C. STUART	15,000.	5,000.	0.	0.	10,000.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
DAVIES RANCHES PROPERTY			PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
KANONI REAL ESTATE CO.	6,500.	6,500.	0.	0.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
HOMESTEAD PROPERTY			PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
ANTONIO VIEYRA & NOEL ARAUZ	75,000.	25,000.	0.	0.	50,000.
TO FM 990, PART I, LN 8	96,500.	36,500.	0.	0.	60,000.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
SPECIAL EVENTS	142,902.		142,902.	43,405.	99,497.
TO FM 990, PART I, LINE 9	142,902.		142,902.	43,405.	99,497.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
DESCRIPTION		AMOUNT	
UNREALIZED GAINS/LOSSES ON INVESTMENTS AND TRUSTS		<93,222.>	
TOTAL TO FORM 990, PART I, LINE 20		<93,222.>	

FORM 990	OTHER EXPENSES				STATEMENT	5
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING		
TRANSPORTATION COSTS	37,851.	37,851.				
REPAIRS & MINTENANCE GENERAL AND	88,817.	74,770.	13,568.	479.		
ADMINISTRATIVE	270,155.	76,992.	182,728.	10,435.		
IN-KIND DONATIONS	1,799,650.	1,648,995.	150,655.			
PROGRAM COSTS	251,402.	251,402.				
CONTRACTUAL & PROFESSIONAL SERVICES	240,014.	239,355.	659.			
DEVELOPMENT COSTS	133,539.			133,539.		
EQUIPMENT/MAINT. CONTRACTS	45,317.	34,507.	7,370.	3,440.		
GENERAL AND ADMINISTRATIVE - ALLOCATION TO	<150,655.>		<150,655.>			
TOTAL TO FM 990, LN 43	2,716,090.	2,363,872.	204,325.	147,893.		

FORM 990	NON-GOVERNMENT SECURITIES				STATEMENT	6
SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES	
INVESTMENTS				5,548.	5,548.	
TO 990, LN 54 COL B				5,548.	5,548.	

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 7

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
VEHICLES	173,604.	84,949.	88,655.
FURNITURE & EQUIPMENT	712,656.	526,385.	186,271.
BUILDINGS	10,560,166.	1,845,895.	8,714,271.
LAND	1,693,473.	0.	1,693,473.
COMPUTER EQUIP.	132,817.	39,124.	93,693.
BUILDING IMPROVEMENTS	515,368.	240,311.	275,057.
LEASEHOLD IMPROVEMENTS	104,088.	83,555.	20,533.
CONSTRUCTION IN PROGRESS	579,655.	0.	579,655.
BUILDING UNDER CAPITAL LEASE	58,305.	43,875.	14,430.
TOTAL TO FORM 990, PART IV, LN 57	14,530,132.	2,864,094.	11,666,038.

FORM 990 OTHER ASSETS STATEMENT 8

DESCRIPTION	AMOUNT
BENEFICIAL INTEREST IN PERPETUAL TRUST	225,625.
MORTGAGES RECEIVABLE	2,184.
REAL ESTATE HELD IN TRUST	0.
BENEFICIAL INTEREST IN TRUSTS	1,147,149.
DUE FROM AFFILIATES	10,160.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	1,385,118.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 9

DESCRIPTION	AMOUNT
GROSS REVENUE FROM METATHERAPY INSTITUTE ON COMBINED AUDITED STATEMENTS	847,904.
SPECIAL EVENTS EXPENSE NETTED WITH REVENUE ON 990	43,405.
TOTAL TO FORM 990, PART IV-A	891,309.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 10

DESCRIPTION	AMOUNT
EXPENSES FROM METATHERAPY INSTITUTE ON COMBINED AUDITED STATEMENTS	802,181.
EXPENSES FROM METATHERAPY SOUTH DADE ON COMBINED AUDITED STATEMENTS	67,409.
SPECIAL EVENTS EXPENSE NETTED WITH REVENUE	43,405.
TOTAL TO FORM 990, PART IV-B	912,995.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS PART VI, LINE 80B STATEMENT 11

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
METATHERAPY INSTITUTE, INC. AND METATHERAPY SOUTH DADE HOUSING	X	

SCHEDULE A STATEMENT REGARDING ACTIVITIES WITH SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, CREATORS, KEY EMPLOYEES, ETC., PART III, LINE 2 STATEMENT 12

SEE PART V, FORM 990

SCHEDULE A OTHER INCOME STATEMENT 13

DESCRIPTION	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT
RENTS	0.	0.	0.	80,016.
SPLIT INTEREST	0.	0.	0.	160,163.
TOTAL TO SCHEDULE A, LINE 22	0.	0.	0.	240,179.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization CAMILLUS HOUSE, INC	Employer identification number 65-0032862
	Number, street, and room or suite no If a P O box, see instructions	
	C/O GSPLH & CO 2121 PONCE DE LEON BLVD , SUITE 1100	
	City town or post office, state, and ZIP code For a foreign address, see instructions CORAL GABLES, FL 33134	

Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T(sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until **FEBRUARY 15, 2003**, to file the exempt organization return for the organization named above The extension is for the organization's return for
▶ calendar year _____ or
▶ tax year beginning **JANUARY 1, 2002**, and ending **JUNE 30, 2002**

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069 enter the tentative tax, less any nonrefundable credits See instructions \$ _____ 0

b If this application is for Form 990-PF or 990-T enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ _____ 0

c **Balance Due** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____ 0

Signature and Verification

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief it is true correct and complete and that I am authorized to prepare this form

Signature ▶ V. [Signature] CPA Title ▶ C P A Date ▶ 11/6/02

CAMILLUS HOUSE, INC. & AFFILIATES
2002 BOARD OF DIRECTORS

<p>Mr Rolando Bichara Ocean Bank 780 NW 42nd Avenue Miami, FL 33126 Phone (305) 569 5155 Fax (305) 446 8822 AA Inez Board Title Director Term of Office Feb 2006</p>	<p>Mr Donald Bierman Bierman Shoat Loewy & Klein 800 Brickell Avenue, PH2 Miami, FL 33131 Email Address notguilt@bellsouth.net Phone (305) 358 7000 Fax (305) 358 4010 AA Jerri Mitchell Email jms@bellsouth.net Board Title Director Term of Office June 2006</p>
<p>Mr Morris N Broad 1030 Hardee Road Coral Gables, FL 33146 Phone (305) 667 9395 Fax (305) 662 4058 Board Title Director Term of Office June 2004</p>	<p>Ms Kate M Callahan 2111 Tigertail Coconut Grove, FL 33133 Phone (305) 860 9226 Fax (305) 860 0622 Email Address KClla1067@aol.com Board Title Director Term of Office June 2003</p>
<p>Ms Jeanie Cannan Vidaurreta (Jeanie) 2817 Lake Avenue Miami Beach, FL 33140 Phone: (305) 673 6243 Fax. (305) 673 3085 Email Address Jcannan@bellsouth.net Board Title Director Term of Office June 2003</p>	<p>Mr Roger Carlton ACS First Union Financial Center 200 S Biscayne Boulevard, Suite 1080 Miami, Florida 33131 Phone (305) 377 1899 Fax (305) 377 9559 Email Address: AA Althea Phone (305) 377 1899 Board Title Director Term of Office May 2004</p>
<p>Mr Ray Casas Wragg & Casas 1000 Brickell Avenue Suite 400 Miami, FL 33131 Phone: (305) 372 1234 Fax (305) 372 8565 AA Nancy Reese Phone (305) 372 1234 Board Title Director Term of Office June 2006</p>	<p>Rev Donald F Clarke (Don) Pastor Church of the First Born 2260 NW 183rd Street Miami, FL 33056 Phone (305) 620 2986 Fax (305) 620 9550 Email Address drdonclarke@aol.com AA Abby Donow Phone (305) 620 2986 Board Title: Director Term of Office June 2003</p>
<p>Ms Leona H Cooper 200 Washington Drive Coral Gables, FL 33133 Phone (305) 324 3128 Fax (305) 461 8669 Email Address: cooperleona@yahoo.com Board Title Director Term of Office June 2003</p>	<p>Mr Guillermo Descalzi 19390 Collins Avenue PH 7 Miami Beach, FL 33160 Phone (305) 792 9446 Fax (305) 792 9446 Email Address: guillermo.descalzi@gate.net Board Title Director Term of Office June 2003</p>
<p>Ms Margarita Rohaidy Delgado MRD Consulting 3191 Coral Way, Suite 400 Miami, FL 33145 Phone. (305) 774 7110 Fax (305) 774 7066 Email Address margarita@mrdconsulting.com AA Board Title Director Term of Office June 2006</p>	<p>Mr Robert Dickinson (Bob) President Carnival Cruises 3655 NW 87th Avenue Miami, FL 33178 Phone (305) 406 4688 Fax (305) 406 8699 Email Address bdickinson@carnival.com AAs Suzanne Torres & Phone (305) 406 4688 Janet Simpkins Board Title Chairman Elect Term of Office Jun 2006</p>

<p>Ramon Rodriguez (Ray) Sr Vice President Total Bank 2720 Coral Way Miami, Florida 33145 Phone (305) 476 6393 Fax. (305) 448 8201 Email rrodriguez@totalbank.com AA Mireisy Solares Phone (305) 476 6261 Board Title Director Term of Office Nov 2004</p>	<p>Mr Raul Rodriguez Rodriguez & Quiroga Architects Chartered 2100 Ponce de Leon Boulevard, Mezzaine Suite Coral Gables, FL 33134 Phone (305) 448 7417 Fax (305) 448 2712 AA Dugan Patchett Phone. (305) 448 7417 Board Title: Secretary Term of Office Jun 2006</p>
<p>Enrique "Rick" Silva Sr Vice President, US Company Operations <i>Burger King Corporation</i> 17777 Old Culter Road Miami, FL 33157 Phone. (305) 378 3201 Fax (305) 378 7522 Email Address esilva@whopper.com AA Vivian Ramirez Phone (305) 378 3470 Email Address: Vramirez@whopper.com Board Title Director Term of Office May 2006</p>	<p>Mr Suhel Skaf Skaf Construction, Inc 5757 Blue Lagoon Drive Suite 220 Miami, FL 33126 Phone (305) 264 4055 Fax (305) 264 4026 Email Address AA: Sharyne Phone (305) 264 4055 Board Title Director Term of Office May 2004</p>
<p>Mr Roger Soman Toucan Advisors, Inc 700 Biltmore Way Suite 710 Coral Gables, FL 33134 7545 Phone (305) 447 9235 Fax (305) 567 3187 Email Address: AA Edith Martinez Phone (305) 447 9235 Board Title. Chairman Emeritis Term of Office May 2003</p>	<p>Ms Jennifer L. Tisthammer 4095 Hardie Road Coconut Grove, FL 33133 Phone (954) 713 6244 Fax (954) 713 6279 Email Address. jtisthammer@naz.us.ml.com AA none Phone (305) 668 6552 Board Title Director Term of Office May 2004</p>
<p>Peter "Chip" Vandenberg, Jr Managing Director TriVest Partners L P 2665 South Bayshore Drive Miami, Florida 33133 Phone (305) 858 2200 ext 21 Fax (305) 285 0102 Email Address cvandenberg@trivest.com AA Tina Frost Phone (305) 858 2200 Email Address tfrost@trivest.com Board Title. Director Term of Office June 2006</p>	<p>Rev Msgr John J Vaughan St Patrick Catholic Church 3700 Meridian Avenue Miami Beach, FL 33140 Phone (305) 531 1124 Fax (305) 538 3203 Board Title Treasurer Term of Office Jun 2006 <i>Archdiocese</i> Phone (305) 757 6241 x1037 Fax (305) 758 5251</p>
<p>Ms Esther M Vidaurreta Pujol 400 South Pointe Drive Suite 1210 Miami Beach, FL 33139 Phone: (305) 673 2991 Fax (305) 673 9034 Email Address: evidau@ctp.com Board Title Director Term of Office May 2004</p>	

<p>Mr Theodore D Gelman (Ted) 1554 W 25th Street Sunset Island 2 Miami Beach, FL 33131 Phone (305) 347 2001 Fax (305) 673 8707 Email Address Tgelman@dlj.com AA Leslie Thayer Phone (305) 347 2004 Board Title Director Term of Office June 2003</p>	<p>Mr Alan G Greer, Esq Attorney Richman Greer, et al 201 S Biscayne Boulevard 10th Floor Miami, FL 33131 Phone (305) 373 4010 Fax (305) 373 4099 Email Address agreer@richmangreer.com AA: Ellen Feinberg Phone (305) 373 4005 Board Title Director Term of Office June 2003</p>
<p>Mr James L Horan (Jim) Manager Partner KPMG, LLP One Biscayne Tower Suite 2800 Miami, FL 33131 Phone (305) 913 2626 Fax (305) 913 3626 Email Address jhoran@kpmg.com AA Vivian Monfort Phone (305) 913 2618 Board Title Director Term of Office June 2003</p>	<p>Mr David Herzig Partner Canteley, Herzig, LaDow & Bloink, P A 114 5th Terrace, Dildo Island Miami Beach, FL 33139 Email Address herzigd@msn.com Phone (305) 532 0383 or (305) 532 0805 Board Title Director Term of Office June 2006</p>
<p>Mr Edward J Joyce (Ed) Senior Vice President Northern Trust Bank 700 Brickell Avenue Miami, FL 33131 Phone (305) 789 1118 Fax (305) 789 1386 Email Address ejll@ntrs.com AA Elena Goyechea Phone (305) 373 2869 Board Title Director Term of Office June 2003</p>	<p>Mr Jonathan I Kislak (Jon) Chairman J I Kislak 7900 Miami Lakes Drive Miami Lakes FL 33016 Phone (305) 364 4234 Fax (305) 824 0455 Email Address jonkislak@kislak.com AA Julia Estevez Phone (305) 364 4120 Board Title Chairman Term of Office June 2003</p>
<p>Mr Ronald Kohn, CCIM 5761 NW 37th Avenue Miami, FL 33142 Phone: (305) 260 3641 Fax (305) 265 3435 Pager (305) 750 7186 Mobile (305) 785 6957 Email Address ronkohn@aol.com Board Title Director Term of Office June 2006</p>	<p>Mr Robert Ludwig, Jr 168 Park Drive Bal Harbour, Florida 33154 Phone (305) 864 5929 Fax (305) 866 0904 Board Title Director Term of Office May 2004</p>
<p>Ms Angela Masson PO Box 190540 Miami Beach FL 33139 Phone (305) 531 5622 Fax (305) 531 9177 Email Address amasson@worldnet.att.net Board Title Director Term of Office June 2003</p>	<p>Bro Raphael Mieszala (Bro Raphael) Camillus House 336 NW 5th Street Miami, FL 33128 Phone (305) 374 1065 Fax (305) 372 1402 Email Address Raphael@camillus.org AA Shirley Phone (305) 374 1065 x307 Board Title Director Term of Office Indefinite</p>
<p>Mr Rafael Portuondo Portuondo & Protti Architects 4102 Laguna Street Coral Gables FL 33134 Phone (305) 442 1262 Fax (305) 442 1511 Email Address: AA Clara Morton Phone: (305) 442 1262 Board Title Director Term of Office Jun 2006</p>	<p>Mr Joe Pruna Vice President Office of President Ocean Bank 780 NW 42nd Avenue Miami, FL 33126-5597 Phone: (305) 569 5159 Fax (305) 446 8822 AA Vivian & Eileen Phone (305) 569 5159 Board Title Director Term of Office: Jan 2005</p>