

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:33

DOCUMENT # 717023 (6)

1. Corporation Name

CATHOLIC CEMETERIES OF THE ARCHDIOCESE OF MIAMI, INC.

Principal Place of Business

Mailing Address

9401 BISCAYNE BLVD.
MIAMI SHORES FL 33138

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MIAMI SHORES FL 33138

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1969

3a. Date of Last Report

02/07/1994

4. FEI Number

59-0862834

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status



\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 11411 N.W. 25 Street

26 11411 N.W. 25 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Miami, FL 33172

City & State

28 Miami, FL 33172

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FITZGERALD, J PATRICK ESQ.
110 MERRICK WAY
SUITE 2C
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME FITZGERALD, JOHN
STREET ADDRESS 6684 GIRALDO CIRCLE
CITY - ST - ZIP BOCA RATON FL

1.1 TITLE PD Change Addition
1.2 NAME Pennekamp, Tom
1.3 STREET ADDRESS 1434 South Miami Avenue
1.4 CITY - ST - ZIP Miami, FL

TITLE D
NAME ESTEVEZ, FELIPE R
STREET ADDRESS 1111 SW 107 AV
CITY - ST - ZIP MIAMI FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE D
NAME ROSASCO, EDWARD J FR
STREET ADDRESS 3633 SOUTH MIAM AV
CITY - ST - ZIP MIAMI FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE D
NAME LAWSON, RALPH E
STREET ADDRESS 6900 NORTH KENDLL DRIVE
CITY - ST - ZIP MIAMI FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE D
NAME WALSH, BRYAN O MONSIGN
STREET ADDRESS 9401 BISCAYNE BLVD
CITY - ST - ZIP MIAMI SHORES FL

5.1 TITLE VD Change Addition
5.2 NAME Hennessey, William J., Rev.
5.3 STREET ADDRESS 5601 South Flamingo Road
5.4 CITY - ST - ZIP Ft. Lauderdale, FL 33330

TITLE SD
NAME JOHNSON, PAUL B
STREET ADDRESS P O BOX 1829 N/A
CITY - ST - ZIP MIAMI FL

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Kenneth D. Whittaker

2/24/95 305-739-6233

222