

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 717023 (6)

1. Corporation Name

CATHOLIC CEMETERIES OF THE ARCHDIOCESE OF MIAMI,
INC.



Principal Place of Business

Mailing Address

11411 N.W. 25 STREET
MIAMI FL 33172
US

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MIAMI FL 33172
US

3. Date Incorporated or Qualified
08/15/1969

3a. Date of Last Report
03/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME PENNEKAMP, TOM
STREET ADDRESS 1434 SOUTH MIAMI AVENUE
CITY-ST-ZIP MIAMI FL

☐ DELETE

1.1 TITLE EVP
1.2 NAME HCNOLD, THOMAS G. REV
1.3 STREET ADDRESS 1050 N.E. 125th Street
1.4 CITY-ST-ZIP N. Miami, FL

☐ Change ☐ Addition

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

☐ DELETE

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

☐ Change ☐ Addition

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

☐ DELETE

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

☐ Change ☐ Addition

TITLE VD
NAME HENNESSEY, WILLIAM J. R
STREET ADDRESS 5601 SOUTH FLAMINGO ROAD
CITY-ST-ZIP FT. LAUDERDALE FL

☐ DELETE

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

☐ Change ☐ Addition

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

☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ DELETE

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

☐ Change ☐ Addition

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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 119.07(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 the receiver 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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)