


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000006754**  
 1. Entity Name  
**CARDINAL GIBBONS HIGH SCHOOL, INC.**



Principal Place of Business      Mailing Address  
 2900 NE 47TH ST                      2900 NE 47TH ST  
 FT LAUDERDALE, FL 33308          FT LAUDERDALE, FL 33308

**DO NOT WRITE IN THIS SPACE**



03122007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1151624	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 FITZGERALD, J PATRICK  
 110 MERRICK WAY, SUITE 3-B  
 MIAMI, FL 33143

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KELLY, VINCENT T REV 9401 BISCAYNE BLVD MIAMI SHORES, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VAUGHAN, JOHN J REV 9401 BISCAYNE BLVD MIAMI SHORESE, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENNESSEY, WILLIAM J REV 9401 BISCAYNE BLVD MIAMI SHORES, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OTT, PAUL D 2900 NE 47TH ST FT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHRAMKO, MARIE 2900 NE 47TH ST FT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000671378  
 03/28/07-80026-022 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul D. Ott* **Paul D. Ott**      3-12-2007      954-491-2900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #