

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000006757
 1. Entity Name
 ARCHBISHOP CURLEY-NOTRE DAME HIGH SCHOOL, INC.



Principal Place of Business 4949 NE 2ND AVE MIAMI, FL 33137	Mailing Address 4949 NE 2ND AVE MIAMI, FL 33137
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01222004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-0706845	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FITZGERALD, J PATRICK
 110 MERICK WAY, SUITE 3B
 CORAL GABLES, FL 33134

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B. 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, 2004

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	PD CAVET, ANTHONY K 4949 NE 2ND AVE MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RODRIGUEZ, BEATRIZ 4949 NE 2ND AVE MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VAUGHAN, JOHN J 9401 BISCAYNE BLVD MIAMI SHORES, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KELLY, VINCENT T 9401 BISCAYNE BLVD MIAMI SHORES, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENNESSEY, WILLIAM J 9401 BISCAYNE BLVD MIAMI SHORES, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/04/04-80047-018 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Anthony K. Cavet Anthony K. Cavet 4 1/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #