


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 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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DO NOT WRITE IN THIS SPACE



02272008 No Chg-NP CR2E037 (4/06)

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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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

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

U00000384164
 04/17/08-80033-002 70.00

10. OFFICERS AND DIRECTORS

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	PD MOFFETT, PATRICK 4949 NE 2ND AVE MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUVAL, PHYLLIS 4949 NE 2ND AVENUE MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: P. Moffett Apr. 3, 2008 305 851 8367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #