2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# N00000006759

Entity Name: IMMACULATA LA SALLE HIGH SCHOOL, INC.

Current Principal Place of Business:

3601 MIAMI AVENUE
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

3601 MIAMI AVENUE
MIAMI, FL 33133

New Mailing Address:

FEI Number: 59-1152665 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FITZGERALD, J PATRICK
110 MERRICK WAY, SUITE 3-B
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	ROCHE, PATRICIA	
Address:	3601 S. MIAMI AVE	
City-St-Zip:	MIAMI, FL 33133	
Title:	V	( ) Delete
Name:	SHANE, ERIK	
Address:	3601 MIAMI AVENUE	
City-St-Zip:	MIAMI, FL 33133	
Title:	TD	( ) Delete
Name:	VAUGHAN, JOHN J REV	
Address:	9401 BISCAYNE BLVD	
City-St-Zip:	MIAMI SHORES, FL 33138	
Title:	SD	( ) Delete
Name:	KELLY, VINCENT T REV	
Address:	9401 BSCAYNE BLVD	
City-St-Zip:	MIAMI SHORES, FL 33138	
Title:	D	( ) Delete
Name:	HENNESSEY, WILLIAM J REV	
Address:	9401 BISCAYNE BLVD	
City-St-Zip:	MIAMI SHORES, FL 33138	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PD	( ) Change (X) Addition
Name:	PATRICIA, ROCHE	
Address:	3601 S. MIAMI AVE.	
City-St-Zip:	MIAMI, FL 33149	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA ROCHE PD 01/12/2009

Electronic Signature of Signing Officer or Director — Date