

# 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 # N02702 (1)**

1. Corporation Name

**ARCHBISHOP MCCARTHY RESIDENCE, INC.**

Principal Place of Business

Mailing Address

% OFFICE OF HOUSING MANAGEMENT  
3075 NW 35TH AVENUE  
LAUDERDALE LAKES FL 33311

% OFFICE OF HOUSING MANAGEMENT  
3075 NW 35TH AVENUE  
LAUDERDALE LAKES FL 33311



3. Date Incorporated or Qualified  
**04/23/1984**

3a. Date of Last Report  
**03/09/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-2444487**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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 ESO  
110 MERRICK WAY, STE 2-C  
338 MINORGA AVE  
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 ☐ DELETE  
NAME QUINLIVAN, J MARK  
STREET ADDRESS 5730 S.W. 74 ST STE 300  
CITY-ST-ZIP SO. MIAMI FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME ABELLO, EUGENE  
STREET ADDRESS 3601 NW S RIVER DR  
CITY-ST-ZIP MIAMI FL

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 2736 S.W. 7 Avenue  
2.4 CITY-ST-ZIP Miami, Fla. 33129

TITLE SD ☐ DELETE  
NAME CONWAY, LAURENCE  
STREET ADDRESS 17775 N BAY RD  
CITY-ST-ZIP MIAMI FL

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

TITLE TD ☐ DELETE  
NAME MCCALL, MICHAEL  
STREET ADDRESS 2251 YUCCA AVENUE  
CITY-ST-ZIP PEMBROKE PINES FL

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

TITLE D ☐ DELETE  
NAME STEIBEL, GARY R  
STREET ADDRESS 123 NW 6TH AVE  
CITY-ST-ZIP HALLANDALE FL

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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  
J. Mark Quinlivan, President

3/28/96 (305) 757-2824

Date

Daytime Phone #

CR2E037 (12/95)