

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011811

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: ROMAN CATHOLIC ARCHDIOCESE OF NASSAU FOUNDATION, INC.

**Current Principal Place of Business:**

110 MERRICK WAY  
SUITE 3-B  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

110 MERRICK WAY  
SUITE 3-B  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 11-3798061      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FITZGERALD, J. PATRICK ESQ.  
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: PINDER, PATRICK C REV.  
Address: THE HERMITAGE, P.O. BOX N-8187  
City-St-Zip: NASSAU, BAHAMAS,

Title: VSD ( ) Delete  
Name: MARIN, TOMAS M MSGR.  
Address: 9401 BISCAYNE BOULEVARD  
City-St-Zip: MIAMI SHORES, FL 33138

Title: TD ( ) Delete  
Name: ANDERSON, ANDREW MSGR.  
Address: 9401 BISCAYNE BOULEVARD  
City-St-Zip: MIAMI SHORES, FL 33138

Title: AS ( ) Delete  
Name: FITZGERALD, J. PATRICK ESQ.  
Address: 110 MERRICK WAY, SUITE 3-B  
City-St-Zip: CORAL GABLES, FL 33134

**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:

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: J. PATRICK FITZGERALD

AS

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date