

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N9800000211**  
 1. Entity Name  
**CATHOLIC CHARITIES LEGAL SERVICES, ARCHDIOCESE OF MIAMI, INC.**



Principal Place of Business 9401 BISCAYNE BOULEVARD MIAMI, FL 33138	Mailing Address 150 SE 2ND AVENUE 200 MIAMI, FL 33131
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**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0804650	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

FITZGERALD, J P ESQ  
 110 MERRICK WAY  
 SUITE 3-B  
 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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAVALORA, JOHN C REV 9401 BISCAYNE BOULEVARD MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOX-ISICOFF, TAMMY ESQ 1110 BRICKELL AVENUE, SUITE 210 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURPHY, TIMOTHY ESQ 1500 MIAMI CTR, 201 S BISCAYNE BLVD. MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCGUIRK, JAMES ESQ 201 ALHAMORA CIRCLE SUITE 711 MIAMI, FL 331345108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENNESSEY, WILLIAM J MSGR 9401 BISCAYNE BOULEVARD MIAMI SHORES, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAMER, MARY ESQ 168 SE 1ST SREET SUITE 802 MIAMI, FL 33131

U00000781134  
 01/15/08-80018-014 61.25

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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:** Randolph P. Kramer 1/8/08 305-793-1325  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #