

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717023

Entity Name: CATHOLIC CEMETERIES OF THE ARCHDIOCESE OF MIAMI, INC.**FILED**
Mar 22, 2013
Secretary of State
CC0696230124**Current Principal Place of Business:**11411 N.W. 25 STREET
MIAMI, FL 33172**Current Mailing Address:**11411 N.W. 25 STREET
MIAMI, FL 33172 US**FEI Number: 59-0862834****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**FITZGERALD, J PATRICK ESQ.
110 MERRICK WAY
SUITE 3B
CORAL GABLES, FL 33134 US*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**Officer/Director Detail :**

Title	CD
Name	LAWSON, RALPH E
Address	C/O 6855 RED ROAD, STE. 600
City-State-Zip:	CORAL GABLES FL 33143

Title	VCSD
Name	WORLEY, ELIZABETH A
Address	C/O 9401 BISCAYNE BLVD
City-State-Zip:	MIAMI SHORES FL 33138

Title	P
Name	CATANIA, JOSEPH M
Address	291 N.W. 43 AVE.
City-State-Zip:	COCONUT CREEK FL 33066

Title	AS
Name	FITZGERALD, J. PATRICK
Address	110 MERRICK WAY, SUITE 3B
City-State-Zip:	CORAL GABLES FL 33134

Title	ASD
Name	MARIN, TOMAS
Address	C/O 5400 S.W. 102 AVENUE
City-State-Zip:	MIAMI FL 33165

Title	D
Name	JAMAL, ASIF
Address	1028 COTORRO AVENUE
City-State-Zip:	CORAL GABLES FL 33146

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH M. CATANIA**PRESIDENT****03/22/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date