

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 717023

**FILED**  
**Apr 02, 2014**  
**Secretary of State**  
**CC3359332732**

**Entity Name:** CATHOLIC CEMETERIES OF THE ARCHDIOCESE OF MIAMI, INC.

**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 & CEO**

**04/02/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date