

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000004954

**Entity Name:** THE SETON ACADEMY, INC.

**Current Principal Place of Business:**

5973 SW 42ND TERR.  
MIAMI, FL 33155

**Current Mailing Address:**

5973 SW 42ND TERR.  
MIAMI, FL 33155

**FEI Number: 27-2629971**

**Certificate of Status Desired: Yes**

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

GUTIERREZ, NICOLAS JJR.  
1528 PALERMO AVENUE  
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 PD  
Name RANGEL-DIAZ, LILLIAM  
Address 5973 SW 42ND TERR.  
City-State-Zip: MIAMI FL 33155

Title D  
Name MENDIVE, SILVIA  
Address 5973 SW 42ND TERR.  
City-State-Zip: MIAMI FL 33155

Title D  
Name GALLEGO, ANA  
Address 5973 SW 42ND TERR.  
City-State-Zip: MIAMI FL 33155

Title D  
Name ACOSTA, SOFIA  
Address 5973 SW 42ND TERR.  
City-State-Zip: MIAMI FL 33155

Title D  
Name OLSEN-BARBARA, ROSA M  
Address 5973 SW 42ND TERR.  
City-State-Zip: MIAMI FL 33155

Title D  
Name ECHARTE, CAROLINA A  
Address 5973 SW 42ND TERR.  
City-State-Zip: MIAMI FL 33155

Title DIRECTOR  
Name DIAZ, ADOLFO  
Address 5973 SW 42ND TERR.  
City-State-Zip: MIAMI FL 33155

Title DIRECTOR  
Name HUESCA, FR. OMAR  
Address 5973 SW 42ND TERR.  
City-State-Zip: MIAMI FL 33155

*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: ANA MORENO GALLEGO**

**BOARD MEMBER**

**04/29/2024**

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

\_\_\_\_\_  
Date