

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000000385

**FILED**  
**Jan 29, 2021**  
**Secretary of State**  
**2537316464CC**

**Entity Name:** THE REDEMPTORIS MATER SEMINARY ARCHDIOCESE OF MIAMI, INC.

**Current Principal Place of Business:**

1040 W. 29 STREET  
HIALEAH, FL 33012

**Current Mailing Address:**

1040 W. 29 STREET  
HIALEAH, FL 33012

**FEI Number: 45-3970951**

**Certificate of Status Desired: Yes**

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

FITZGERALD, J. PATRICK ESQUIRE  
110 MERRICK WAY  
SUITE 3-B  
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 CHAIRMAN  
Name DE NIGRIS, FR. EMANUELE  
Address 1040 W. 29TH STREET  
City-State-Zip: HIALEAH FL 33012

Title DIRECTOR  
Name WORLEY, SR. ELIZABETH  
Address 9401 BISCAYNE BLVD.  
City-State-Zip: MIAMI SHORES FL 33138

Title DIRECTOR  
Name GENNARINI, GIUSEPPE  
Address 3 HOWARD PLACE  
City-State-Zip: ENGLEWOOD NJ 07631

Title DIRECTOR  
Name GENNARINI, CLAUDIA  
Address 3 HOWARD PLACE  
City-State-Zip: ENGLEWOOD NJ 07631

Title DIRECTOR  
Name POCHETTI, FR. ANGELO  
Address 6502 JACKSON STREET  
City-State-Zip: WEST NEW YORK NJ 07093

Title DIRECTOR  
Name BENIGNI, STEFANO  
Address 15267 SW 23RD LANE  
City-State-Zip: MIAMI FL 33185

Title SECRETARY  
Name BENIGNI, LUCIA  
Address 15267 SW 23RD LANE  
City-State-Zip: MIAMI FL 33185

Title TREASURER  
Name GUILLAMONT, ALEJANDRO ESQ.  
Address 1095 RAVEN AVENUE  
City-State-Zip: MIAMI FL 33166

**Continues on page 2**

*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: FR. EMANUELE DE NIGRIS**

**CHAIRMAN**

**01/29/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name CHINAGLIA, ADELCHI  
Address SAN MARCO 5364  
City-State-Zip: VENEZIA 30124

Title DIRECTOR  
Name DURANGO, PEDRO FR.  
Address 1040 W. 29TH STREET  
City-State-Zip: HIALEAH FL 33012

Title DIRECTOR  
Name CHINAGLIA, FRANCA  
Address SAN MARCO 5364  
City-State-Zip: VENEZIA 30124

Title DIRECTOR  
Name DA SILVA, EDIVALDO FR.  
Address 14187 SW 72ND STREET  
City-State-Zip: MIAMI FL 33183