

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000000211

**FILED**  
**Feb 04, 2015**  
**Secretary of State**  
**CC6549088234**

**Entity Name:** CATHOLIC CHARITIES LEGAL SERVICES, ARCHDIOCESE OF MIAMI, INC.

**Current Principal Place of Business:**

25 SE 2ND AVENUE  
SUITE 220  
MIAMI, FL 33131

**Current Mailing Address:**

25 SE 2ND AVENUE  
SUITE 220  
MIAMI, FL 33131

**FEI Number: 65-0804650**

**Certificate of Status Desired: No**

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

FITZGERALD, J PESQ  
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 SOLE MEMBER OF CORPORATION  
Name WENSKI, MOST REV. THOMAS G. ARCHBISHOP  
Address 9401 BISCAYNE BOULEVARD  
City-State-Zip: MIAMI SHORES FL 33138

Title DIRECTOR  
Name FOX-ISICOFF, TAMMY ESQ.  
Address 1110 BRICKELL AVENUE SUITE 201  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name SABINO, SR. ROSEMARY RSM  
Address 3125 HARRISON STREET  
City-State-Zip: HOLLYWOOD FL 33021

Title VP  
Name MCGUIRK, JAMES ESQ.  
Address 201 ALHAMBRA CIRCLE SUITE 711  
City-State-Zip: MIAMI FL 33134

Title CEO  
Name MCGRORTY, RANDOLPH P. ESQ.  
Address 25 SE 2ND AVENUE SUITE 220  
City-State-Zip: MIAMI FL 33131

Title PRESIDENT  
Name KRAMER, MARY E. ESQ.  
Address 168 SE 1ST SREET SUITE 802  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name GONZALEZ, ANDREA I. ESQ.  
Address 1450 BRICKEL AVENUE 23RD FLOOR  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name MURPHY, TIMOTHY ESQ.  
Address 201 S. BISCAYNE BOULEVARD SUITE 1600  
City-State-Zip: MIAMI FL 33131

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*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: MYRIAM MEZADIEU**

**COO**

**02/04/2015**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name DOLLAR, JORDAN E. ESQ.  
Address 201 ALHAMBRA CIRCLE  
SUITE 1050  
City-State-Zip: MIAMI FL 33134

Title DIRECTOR  
Name RUSSELL, ANTONETTE P. ESQ.  
Address 1451 WEST CYPRESS CREEK ROAD  
SUITE 300  
City-State-Zip: FORT LAUDERDALE FL 33309

Title DIRECTOR  
Name SOLOW, BRUCE E. ESQ.  
Address 201 ALHAMBRA CIRCLE  
SUITE 1050  
City-State-Zip: CORAL GABLES FL 33134

Title COO  
Name MEZADIEU, MYRIAM BIA-AR  
Address 25 SE 2ND AVENUE  
SUITE 220  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name ORTA, MARGARITA  
Address 151 CALLE LARGO DRIVE  
City-State-Zip: HOLLYWOOD FL 33021

Title TREASURER  
Name VARELA, VIVIANA P. ESQ.  
Address 9155 SOUTH DADELAND BLVD.  
SUITE 1208  
City-State-Zip: MIAMI FL 33156

Title DIRECTOR  
Name CHUNG, SUI ESQ.  
Address 2964 AVIATION AVENUE  
3RD FLOOR  
City-State-Zip: MIAMI FL 33133