

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717892

FILED  
Apr 02, 2007  
Secretary of State

**Entity Name:** THE DIOCESE OF SOUTHEAST FLORIDA, INC.

**Current Principal Place of Business:**

525 NORTHEAST 15TH STREET  
MIAMI, FL 33132

**New Principal Place of Business:**

**Current Mailing Address:**

525 NORTHEAST 15TH STREET  
MIAMI, FL 33132

**New Mailing Address:**

**FEI Number:** 59-1276272

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BUSTO, MECEDES ESQ  
1450 BRICKELL BAY DR. STE 2007  
MIAMI, FL 33131 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FRADE, LEOPOLD  
Address: 525 NE 15TH ST.  
City-St-Zip: MIAMI, FL 33132

Title: VP ( ) Delete  
Name: MARTIN, HALLOCK REV  
Address: 525 NE 15TH ST  
City-St-Zip: MIAMI, FL 33132

Title: TD ( ) Delete  
Name: HUSTON, TOM  
Address: 1001 MANATI AVENUE  
City-St-Zip: CORAL GABLES, FL

Title: SD ( ) Delete  
Name: GRIFFITH, BERNARD REV  
Address: 525 NE 15TH ST  
City-St-Zip: MIAMI, FL 33132

Title: CH ( ) Delete  
Name: BUSTO, MERCEDES MRS  
Address: 1450 BRICKELL BAY DR. STE 2007  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: PECARO, BERNARD REV  
Address: 525 NE 15TH ST  
City-St-Zip: MIAMI, FL 33132

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: O'BRIEN III, THOMAS G  
Address: 525 NE 15TH ST  
City-St-Zip: MIAMI, FL 33132

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LEOPOLD FRADE

PD

04/02/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date