

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAY 10 PM 3:27

DOCUMENT # 757034 (4)

1. Corporation Name  
**ARCHDIOCESE OF MIAMI EDUCATION ENDOWMENT FUND, INC.**



Principal Place of Business: 9401 BISCAYNE BLVD. MIAMI SHORES FL 33138  
Mailing Address: 9401 BISCAYNE BLVD. MIAMI SHORES FL 33138

3. Date Incorporated or Qualified: 02/27/1981  
3a. Date of Last Report: 03/17/1995  
4. FEI Number: 59-2221140  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, Apt. #, etc., City & State, and Zip & Country.

9. Name and Address of Current Registered Agent: FITZGERALD, J. PATRICK, 110 MERRICK WAY-SUITE 3-B, CORAL GABLES FL 33134  
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code (FL).

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: CD	NAME: ARCHBISHOP, FAVALORA J C.	11 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 9401 BISCAYNE BLVD	CITY-ST-ZIP: MIAMI SHRS. FL 00000	12 NAME:	
TITLE: SD	NAME: KELLY, VINCENT T.,REV.	13 STREET ADDRESS:	
STREET ADDRESS: 9401 BISCAYNE BLVD	CITY-ST-ZIP: MIAMI SHRS. FL 00000	14 CITY-ST-ZIP:	
TITLE: TD	NAME: GALVIN, DANIEL L.	21 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 9401 BISCAYNE BLVD	CITY-ST-ZIP: MIAMI SHORES FL	22 NAME:	
TITLE: PD	NAME: HEFFERMAN WILLIAM J.	23 STREET ADDRESS:	
STREET ADDRESS: 9401 BISCAYNE BLVD.	CITY-ST-ZIP: MIAMI SHORES FL	24 CITY-ST-ZIP:	
TITLE: VP	NAME: MARINELLO LEONARD F.	31 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 9401 BISCAYNE BLVD.	CITY-ST-ZIP: MIAMI SHORES FL	32 NAME:	
TITLE:	NAME:	33 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	34 CITY-ST-ZIP:	
TITLE:	NAME:	41 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	42 NAME:	HEFFERNAN
TITLE:	NAME:	43 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	44 CITY-ST-ZIP:	
TITLE:	NAME:	51 TITLE:	
STREET ADDRESS:	CITY-ST-ZIP:	52 NAME:	
TITLE:	NAME:	53 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	54 CITY-ST-ZIP:	
TITLE:	NAME:	61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	62 NAME:	
TITLE:	NAME:	63 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	64 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rev. Vincent T. Kelly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Rev. Vincent T. Kelly, Secretary  
Date: \_\_\_\_\_ Daytime Phone #: (305) 757-6241 x120

CR2E037 (12/95)