2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007
Secretary of State

DOCUMENT# N00000006757

Entity Name: ARCHBISHOP CURLEY-NOTRE DAME HIGH SCHOOL, INC.

Current Principal Place of Business:

4949 NE 2ND AVE
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

4949 NE 2ND AVE
MIAMI, FL 33137

New Mailing Address:

FEI Number: 59-0706845 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FITZGERALD, J PATRICK
110 MERICK WAY, SUITE 3B
CORAL GABLES, FL 33134 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: V (X) Delete
Name: BRIZ, C. RICARDO
Address: 4949 NE 2ND AVE
City-St-Zip: MIAMI, FL 33137

Title: TD ( ) Delete
Name: VAUGHAN, JOHN J
Address: 9401 BISCAYNE BLVD
City-St-Zip: MIAMI SHORES, FL 33138

Title: SD ( ) Delete
Name: KELLY, VINCENT T
Address: 9401 BISCAYNE BLVD
City-St-Zip: MIAMI SHORES, FL 33138

Title: D ( ) Delete
Name: HENNESSEY, WILLIAM J
Address: 9401 BISCAYNE BLVD
City-St-Zip: MIAMI SHORES, FL 33138

Title: PD ( ) Delete
Name: MOFFETT, PATRICK
Address: 4949 NE 2ND AVE
City-St-Zip: MIAMI, FL 33137

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: V ( ) Change (X) Addition
Name: DUVAL, PHYLLIS
Address: 4949 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33137

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: PATRICK MOFFETT PD 04/20/2007

Electronic Signature of Signing Officer or Director — Date