

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006757

FILED  
Feb 17, 2009  
Secretary of State

**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 ( )**

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

**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:

I hereby certify that the information supplied with this filing does not qualify 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

02/17/2009

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

\_\_\_\_\_  
Date