## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # N00000006758**

1. Entity Name

ARCHBISHOP COLEMAN F. CARROLL HIGH SCHOOL,

INC.

Principal Place of Business

10300 SW 167TH AVE MIAMI, FL 33196 Mailing Address

10300 SW 167TH AVE MIAMI, FL 33196

## FILED Jan 15, 2004<sup>-</sup>08:00 AM Secretary of State



01082004 No Chg-NP

CR2E037 (10/03)

4. FEI Number 65-0787341

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FITZGERALD, J PATRICK 110 MERRICK WAY, SUITE 3-B CORAL GABLES, FL 33134

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	named entity submits this statement for the ions of registered agent.	purpose of changing its registered office of	r registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and lit	ite if applicable. (NOTE, Registered Agent signs		DATE
	Signature, typed or printed name or registered agent and in	as a appreasie. (note: registered Agent signa	(are reduced when removersity)	***
	Filing Fee is \$61.25 Due by May 1, 2004	Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIR	ECTORS		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD DAVIS, MICHAEL W 10300 SW 167 AVE MIAMI, FL 33196		NATIONAL MARKETON AND AND AND AND AND AND AND AND AND AN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FENCHAK, RICHARD J DR 10300 SW 167TH AVE MIAMI, FL 33196			01/16/04-80006-002 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VAUGHAN, JOHN J 9401 BISCAYNE BLVD MIAMI SHORES, FL 33138		DO	NOT WRITE
BTLE NAME STREET ADDRESS CITY-ST-ZIP	SD KELLY, VINCENT T REV 9401 BISCAYNE BLVD MIAMI SHORES, FL 33138		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENNESSEY, WILLIAM J 9401 BISCAYNE BLVD MIAMI SHORES, FL 33138			•
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

IGNATURE: RIV. MANCHADO WALL DAVIS 01/09/09