

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90039 050 ****61.25

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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

40001901



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAVIS, MICHAEL W <i>REV.</i>
STREET ADDRESS	10300 SW 167 AVE
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	V
NAME	FENCHAK, RICHARD J DR
STREET ADDRESS	10300 SW 167TH AVE
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	TD
NAME	VAUGHAN, JOHN J <i>REV.</i>
STREET ADDRESS	9401 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI SHORES, FL 33138
TITLE	SD
NAME	KELLY, VINCENT T REV
STREET ADDRESS	9401 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI SHORES, FL 33138
TITLE	D
NAME	HENNESSEY, WILLIAM J <i>REV.</i>
STREET ADDRESS	9401 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI SHORES, FL 33138
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael W. Davis
REV. MICHAEL W. DAVIS

01/06/05

3053886700