2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # N00000006758 2006 SEP 18 PM 3: 27 ARCHBISHOP COLEMAN F. CARROLL HIGH SCHOOL, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 10300 SW 167TH AVE 10300 SW 167TH AVE MIAMI, FL 33196 MIAMI, FL 33196 09112006 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0787341 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FITZGERALD, J PATRICK DO NOT WRITE 110 MERRICK WAY, SUITE 3-B CORAL GABLES, FL 33134 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. 000080037410 09/21/06--01050--001 **61 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing Filing Fee is \$61.25 Trust Fund Contribution. Due by September 15, 2006 Added to Fees 10. OFFICERS AND DIRECTORS TITLE PD NAME DAVIS, MICHAEL W STREET ADDRESS 10300 SW 167 AVE CITY-ST-ZIP MIAMI, FL 33196 TITLE NAME FENCHAK, RICHARD J DR STREET ADDRESS 10300 SW 167TH AVE CITY-ST-ZIP MIAMI, FL 33196 TITLE NAME VAUGHAN, JOHN J STREET ADDRESS 9401 BISCAYNE BLVD DO NOT WRITE CITY-ST-ZIP MIAMI SHORES, FL 33138 IN THIS SPACE TITLE NAME KELLY, VINCENT TREV STREET ADDRESS 9401 BISCAYNE BLVD CITY-ST-ZIP MIAMI SHORES, FL 33138 TITLE NAME HENNESSEY, WILLIAM J

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

STREET ADDRESS

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

9401 BISCAYNE BLVD

MIAMI SHORES, FL 33138

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/06 (365)388-6700
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