

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 08, 2007 08:00 AM**  
**Secretary of State**

**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**



07302007 No Chg-NP CR2E037 (4/06)

**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 September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

**00000771720  
08/08/07-80005-004 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	DAVIS, MICHAEL W
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
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
STREET ADDRESS	9401 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI SHORES, FL 33138
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL W. DAVIS**

**8/3/07**

**305 388 6700  
EXT-1222**

Date

Daytime Phone if