

**2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006758

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Entity Name:** ARCHBISHOP COLEMAN F. CARROLL HIGH SCHOOL, INC.

**Current Principal Place of Business:**

10300 SW 167TH AVE  
MIAMI, FL 33196

**New Principal Place of Business:**

**Current Mailing Address:**

10300 SW 167TH AVE  
MIAMI, FL 33196

**New Mailing Address:**

**FEI Number:** 65-0787341      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FITZGERALD, J PATRICK  
110 MERRICK WAY, SUITE 3-B  
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: P  
Name: SCHAWANGER, KENNETH REV.  
Address: 10300 SW 167 AVE.  
City-St-Zip: MIAMI, FL 33196

Title: V  
Name: DUKOTE, MARISA SISTER  
Address: 10300 SW 167 AVE  
City-St-Zip: MIAMI, FL 33196

Title: TD  
Name: CASCIATO, MICHAEL  
Address: 9401 BISCAYNE BLVD.  
City-St-Zip: MIAMI SHORES, FL 33138

Title: SD  
Name: KELLY, VINCENT T REV  
Address: 9401 BISCAYNE BLVD  
City-St-Zip: MIAMI SHORES, FL 33138

Title: D  
Name: HENNESSEY, WILLIAM J  
Address: 9401 BISCAYNE BLVD  
City-St-Zip: MIAMI SHORES, FL 33138

I hereby 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 all other like empowered.

SIGNATURE: SISTER MARISA, OCD

VP

01/07/2010

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

\_\_\_\_\_  
Date