

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006761

FILED  
Jun 18, 2009  
Secretary of State

Entity Name: OUR LADY OF LOURDES ACADEMY, INC.

**Current Principal Place of Business:**

5525 SW 84TH ST  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

5525 SW 84TH ST  
MIAMI, FL 33143

**New Mailing Address:**

FEI Number: 59-1056383      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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: V      ( ) Delete  
Name: MANGAN, SISTER NOREEN  
Address: 5525 SW 84TH ST  
City-St-Zip: MIAMI, FL 33143

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

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

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

Title: PD      ( ) Delete  
Name: FOY, SHEILA SR  
Address: 5525 SW 84 ST  
City-St-Zip: MIAMI, FL 33143

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SISTER SHEILA FOY

PD

06/18/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date