2008 NOT-FOR-PRÖFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000006763

1. Entity Name

ARCHBISHOP EDWARD A. MCCARTHY HIGH SCHOOL, INC.



Principal Place of Business

5451 S FLAMINGO RD FT LAUDERDALE, FL 33330 Mailing Address

5451 S FLAMINGO RD FT LAUDERDALE, FL 33330

FILED Jan 24, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

01152008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-0787338 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

SIGNATURE.	Signature, typed or printed name of registered agent and litt	a if applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE		
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Finan- Trust Fund Contribution	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRE	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DALTON, BRENDAN REV 5451 S FLAMINGO RD FT LAUDERDALE, FL 33330				000000795327 01/28/08-80044-008 70.00 DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY+ST-ZIP	V PERHLA, RICHARD DR 5451 S FLAMINGO RD FT LAUDERDALE, FL 33330						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VAUGHAN, JOHN J REV 9401 BISCAYNE BLVD MIAMI SHORES, FL 33138	e e e e e e	24	DO			
TITLE NAME STREET ADDRESS CHY-ST-ZIP	SD KELLY, VINCENT T REV 9401 BISCAYNE BLVD MIAMI SHORES, FL 33138			IN '	IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-2IP	D HENNESSEY, WILLIAM J REV 9401 BISCAYNE BLVD MIAMI SHORES, FL 33138						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. 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 diffuse 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 appears with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/08

954 434-8820