

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-15-2004 90049 048 ****70.00

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1. Entity Name

BISHOPS' INDEMNITY CORPORATION



Principal Place of Business

**9401 BISCAYNE BOULEVARD
MIAMI FL 33138**

Mailing Address

**9401 BISCAYNE BOULEVARD
MIAMI FL 33138**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (11/03)

4. FEI Number

03-0521040
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

X **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**J. PATRICK FITZGERALD, ESQUIRE
110 MERRICK WAY
SUITE 3-B
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **ZALOOM, BASIL J**
STREET ADDRESS **9401 BISCAYNE BOULEVARD**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE **VD** ☐ Delete
NAME **CATANIA, JOSEPH M**
STREET ADDRESS **9401 BISCAYNE BOULEVARD**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE **TD** ☐ Delete
NAME **BAUER, JOHN**
STREET ADDRESS **9401 BISCAYNE BOULEVARD**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE **SD** ☐ Delete
NAME **DURKIN, DAN**
STREET ADDRESS **9401 BISCAYNE BOULEVARD**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition
NAME **CASCIATO, MICHAEL A.**
STREET ADDRESS **9401 BISCAYNE BOULEVARD**
CITY-ST-ZIP **MIAMI, FL 33138**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

J.M. Catania
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/04
Date

305-762-1061
Daytime Phone #