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Mar 11 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02702 (1)

1. Corporation Name

ARCHBISHOP MCCARTHY RESIDENCE, INC.

Principal Place of Business

Mailing Address

% OFFICE OF HOUSING MANAGEMENT
3075 NW 35TH AVENUE
LAUDERDALE LAKES FL 33311% OFFICE OF HOUSING MANAGEMENT
3075 NW 35TH AVENUE
LAUDERDALE LAKES FL 33311-11073. Date Incorporated or Qualified
04/23/19843a. Date of Last Report
04/25/1996

2. Principal Place of Business

2a. Mailing Address

21 4740 N. State Road 7

26 4740 N. State Road 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 106 - Bldg. C

27 Suite 106 - Bldg. C

City & State

City & State

23 Lauderdale Lakes, Fla.

28 Lauderdale Lakes, Fla.

Zip

Country

Zip

Country

24 33319

25 USA

29 33319

30 USA

4. FEI Number

59-2444487

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FITZGERALD, J. PATRICK ESQ
110 MERRICK WAY, STE 2-C
338 MINORGA AVE
CORAL GABLES FL 33134

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent; and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME QUINLIVAN, J MARK
STREET ADDRESS 5730 S.W. 74 ST STE 300
CITY-ST-ZIP SO. MIAMI FL1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VD
NAME ABELLO, EUGENE
STREET ADDRESS 2736 SW 7TH AVE
CITY-ST-ZIP MIAMI FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE SD
NAME CONWAY, LAURENCE
STREET ADDRESS 17775 N BAY RD
CITY-ST-ZIP MIAMI FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE TD
NAME MCCALL, MICHAEL
STREET ADDRESS 2251 YUCCA AVENUE
CITY-ST-ZIP PEMBROKE PINES FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D
NAME STEIBEL, GARY R
STREET ADDRESS 123 NW 6TH AVE
CITY-ST-ZIP HALLANDALE FL5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mark Quinlivan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED Mark Quinlivan 2/6/97 (305) 757-2824

Date

Daytime Phone # 0034595

CR2E037 (9/96)