

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90038 046 \*\*\*\*70.00

**DOCUMENT # N06000012150**

1. Entity Name  
**CENTRO MATER CHILD CARE SERVICES, INC.**



Principal Place of Business  
**8298 NW 103 ST.  
HIALEAH GARDENS, FL 33016**

Mailing Address  
**4790 NORTH STATE ROAD 7  
LAUDERDALE LAKES, FL 33319**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03312008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**20-8083301**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☐ Delete  
NAME **LAWSON, RALPH E**  
STREET ADDRESS **6855 RED ROAD #600**  
CITY-ST-ZIP **CORAL GABLES, FL 33143**

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

TITLE **D** ☐ Delete  
NAME **TURCOTTE, RICHARD MR.**  
STREET ADDRESS **9401 BISCAYNE BOULEVARD**  
CITY-ST-ZIP **MIAMI SHORES, FL 33138**

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

TITLE **SD** ☐ Delete  
NAME **HENNESSEY, WILLIAM J REV.**  
STREET ADDRESS **9401 BISCAYNE BOULEVARD**  
CITY-ST-ZIP **MIAMI SHORES, FL 33138**

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

TITLE **ASD** ☒ Delete  
NAME **VAUGHAN, JOHN REV.**  
STREET ADDRESS **9401 BISCAYNE BOULEVARD**  
CITY-ST-ZIP **MIAMI SHORES, FL 33138**

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

TITLE **D** ☐ Delete  
NAME **FARREY, BUD MR.**  
STREET ADDRESS **1315 BAY TERRACE**  
CITY-ST-ZIP **NORTH BAY VILLAGE, FL 33141**

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

TITLE **PCEO** ☐ Delete  
NAME **CATANIA, JOSEPH M**  
STREET ADDRESS **4790 NORTH STATE ROAD 7**  
CITY-ST-ZIP **LAUDERDALE LAKES, FL 33319**

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 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOSEPH M. CATANIA 4/1/08**

Date

**954-484-1515**

Daytime Phone #

ATTACHMENT

40071979

#N06000012180

**FY 2008 Non-Profit Corporation Annual Report (UBR)**  
**Attachment – Additional Directors**

AS/D

Rev. Msgr. Tomas Marin  
c/o 3900 N.W. 79 Avenue, Suite 731  
Miami, FL 33166

D

Mr. Rudy J. Noriega  
3529 Gulfstream Way  
Davie, FL 33328

D

Ms. Patricia Palamara  
4200 Mangrum Court  
Hollywood, FL 33021

D

Rev. Msgr. Franklyn M. Casale  
c/o 16400 N.W. 32 Avenue  
Miami, FL 33054

D

Mr. John Johnson  
c/o 4725 North Federal Hwy  
Fort Lauderdale, FL 33307

D

Len T. Sperry, MD, PhD  
659 N.W. 38 Circle  
Boca Raton, FL 33431

D

Asif D. Jamal  
1028 Cotorro Avenue  
Coral Gables, FL 33146

D

John E. Matuska  
c/o 3663 South Miami Avenue  
Miami, FL 33133

D

Ana Mederos  
c/o 4775 Collins Avenue, #1908  
Miami Beach, FL 33141

D

Mark J. Panciera  
c/o 4200 Hollywood Blvd.  
Hollywood, FL 33021

D

Kenneth C. Fischer, MD  
1190 N.W. 95 Street, #402  
Miami, FL 33150

D

Aurelio Fernandez  
c/o 1901 S.W. 172 Avenue  
Miramar, FL 33181

D

Claudia de la Cruz  
460 South Mashta Drive  
Key Biscayne, FL 33149

D

Aristides Pallin  
630 Sevilla Avenue  
Coral Gables, FL 33134

AS

J. Patrick Fitzgerald, Esq.  
110 Merrick Way, Suite 3B  
Coral Gables, FL 33134