

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008968

FILED
Apr 17, 2009
Secretary of State

Entity Name: POPE JOHN PAUL II HIGH SCHOOL, INC.

Current Principal Place of Business:

4001 N. MILITARY TRAIL
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

4001 N. MILITARY TRAIL
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 59-1981594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FITZGERALD, J. PATRICK
J. PATRICK FITZGERALD & ASSOCIATES, P.A.
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: D () Delete
Name: NOTABARTOLO, CHARLES REV.V.G
Address: PO BOX 109650
City-St-Zip: PALM BEACH GARDENS, FL 334109650

Title: DS () Delete
Name: DAWSON, JOAN OSF
Address: PO BOX 109650
City-St-Zip: PALM BEACH GARDENS, FL 334109650

Title: D () Delete
Name: SABATELLA, LORRAINE
Address: PO BOX 109650
City-St-Zip: PALM BEACH GARDEN, FL 334109650

Title: DT () Delete
Name: HAMEL, DENIS A CPA
Address: PO BOX 109650
City-St-Zip: PALM BEACH GARDEN, FL 334109650

Title: P () Delete
Name: FEROLA, FRANK
Address: 4001 N. MILITARY TRAIL
City-St-Zip: BOCA RATON, FL 33431

Title: VP () Delete
Name: SULLIVAN, EILEEN
Address: 4001 N. MILITARY TRAIL
City-St-Zip: BOCA RATON, FL 33431

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: P (X) Change () Addition
Name: CORY, MICHAEL J DR.
Address: 4001 N. MILITARY TRAIL
City-St-Zip: BOCA RATON, FL 33431

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: MICHAEL J. CORY

P

04/17/2009

Electronic Signature of Signing Officer or Director

Date