2006 NOT-FOR-PROFIT CORPORATION & AMENDED ANNUAL REPORT

DOCUMENT # N98000001755

Entity Name

SIGNATURE:

CATHOLIC COMMUNITY FOUNDATION IN THE ARCHDIOCESE OF MIAMI INC.



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

06 NOV 14 PM 5: 46

305.762.1080

Daytime Phone #

VIII O I D I O D D D I I I I I I I I I I													
Principal Place of Business 9401 BISCAYNE BOULEVARD MIAMI SHORES, FL 33138				Mailing Address 9401 BISCAYNE BOULEVARD MIAMI SHORES, FL 33138				1 1000111001 1010		IIII BRIII BRIKA II	111 (681) EVIF EV	(1 81 8 1 100)	
2. Principal Place of Business				3. Mailing Address					The state of the s				
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				08072006	Chg-NP	CR2E	037 (4/06)			
City & State	9		City & State					4. FEI Number 65-0881817			<u></u>	plied For t Applicable	
Zip	Country			P	Country			5. Certificate of Status Desired See Required Fee Required					
	ed Agent				7. Name and	Address of New	Registered	Agent					
FITZGERALD, J P ESQ 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. Lam 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													
	одимичи, прости риллен нашто от годиното вдени вли или и фрималия. (моги, подравлем Адели Signatura raquirau witen (attribution) UATE												
1		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 DIRECTO				TORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					10	
TITLE	STD	INCENT DEV		🖾 Delete	<u>.</u> -	C/D ☐ Change ☒A					Addition		
NAME STREET ADDRESS		INCENT REV. CAYNE BOULEVARD			NAMI STRE	ET ADDRESS		AS E. BE. 1 SW 74 :				ŀ	
CITY-ST-ZIP		ORES, FL 33138			-ST-ZIP		I, FL 33						
TITLE NAME	D VAUGHAN, JOHN J REV.			☑ Delete TITLE			VC/D MARI					Addition	
STREET ADDRESS CITY-ST-ZIP				STRE CITY-			1	SW 93 A					
TITLE NAME	VD	, JOSEPH M		☑ Delete	TITLE		P/D		D-MENDOZA		Change	Addition	
STREET ADDRESS CITY-ST-ZIP	9401 BISCAYNE BOULEVARD MIAMI SHORES, FL 33138			STREI CITY-			9401	BISCAYN	E BOULEVA , FL 3313	OULEVARD			
TITLE	PD			Delete	TITLE		VP/D				☐ Change	Addition	
NAME	BIENES,	MICHAEL CAYNE BLVD			NAM			RODRIGU	EZ E BOULEVA	DD.			
CITY-ST-ZIP		IORES, FL 33138					1		, FL 3313			ļ	
TITLE	VD	<u> </u>		Delete Delete	TITLE		S/D	T DITOTUDO	, 3323		☐ Change		
NAME	SHAY, RODGER			, .	E	SEAN	CLANCY	עם זווס מע	MDD C	urron E	0.5		
STREET ADDRESS CITY-ST-ZIP					STREET CITY-S			20803 BISCAYNE BOULEVARD, SUITE AVENTURA, FL 33180				رن	
TITLE	IVIIAIVII SE	IORES, FL 33136		☐ Delete	TITLE		T/D	TURM, TL.	22100		☐ Change	⊠ Addition	
NAME .				CLI Delete	NAM		1 '	MSGR. J	UDE O'DOH	IERTY	L_J Change	/ reduction	
STREET ADDRESS					STREET			SW 54 G	DURT				
CITY-ST-ZIP						-ST-ZIP		I. FL 33			46		
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 trustger 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 appendicess, with all other like empowered.													

L. J. RODRIGUEZ

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR