

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006754

**Entity Name:** CARDINAL GIBBONS HIGH SCHOOL, INC.

**Current Principal Place of Business:**

2900 NE 47TH ST  
FT LAUDERDALE, FL 33308

**Current Mailing Address:**

2900 NE 47TH ST  
FT LAUDERDALE, FL 33308

**FEI Number:** 65-1151624

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

FITZGERALD, J PATRICK  
110 MERRICK WAY, SUITE 3-B  
MIAMI, FL 33143 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MAHON, THOMAS E.  
Address        2900 NE 47TH STREET  
City-State-Zip: FORT LAUDERDALE FL 33308

Title            TREASURER  
Name            CASCIATO, MICHAEL  
Address        9401 BISCAYNE BLVD  
City-State-Zip: MIAMI SHORES FL 33138

Title            VP  
Name            CEDENO, OSCAR A.  
Address        2900 NE 47TH ST  
City-State-Zip: FT LAUDERDALE FL 33308

Title            SECRETARY  
Name            PRYZBYLSKI, KIM DR.  
Address        9401 BISCAYNE BLVD  
City-State-Zip: MIAMI SHORES FL 33138

Title            DIRECTOR  
Name            WORLEY, ELIZABETH SISTER, SSJ  
Address        9401 BISCAYNE BLVD.  
City-State-Zip: MIAMI SHORES FL 33138

Title            DIRECTOR  
Name            CASCIATO , MICHAEL MR.  
Address        9401 BISCAYNE BLVD.  
City-State-Zip: MIAMI SHORES FL 33138

Title            DIRECTOR  
Name            EDWARDS, DONALD DR.  
Address        9401 BISCAYNE BLVD.  
City-State-Zip: MIAMI SHORES FL 33138

*I hereby 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 all other like empowered.*

**SIGNATURE:** OSCAR CEDENO

VP

03/19/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date