

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006761

**FILED**  
**Jan 14, 2015**  
**Secretary of State**  
**CC6492703807**

**Entity Name:** OUR LADY OF LOURDES ACADEMY, INC.

**Current Principal Place of Business:**

5525 SW 84TH ST  
MIAMI, FL 33143

**Current Mailing Address:**

5525 SW 84TH ST  
MIAMI, FL 33143

**FEI Number:** 59-1056383

**Certificate of Status Desired:** No

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

FITZGERALD, J PATRICK  
110 MERRICK WAY, SUITE 3-B  
CORAL GABLES, FL 33134 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 P  
Name DONZE, SISTER KATHRYN  
Address 5525 SW 84TH ST  
City-State-Zip: MIAMI FL 33143

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

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

Title OTHER, BOARD MEMBER  
Name PRYZBYLSK, KIM  
Address 9401 BISCAYNE BLVD  
City-State-Zip: MIAMI SHORES FL 33138

Title VP  
Name SISTER ELIZABETH WORLEY, SSJ  
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:** SISTER KATHRYN DONZE, IHM

**PRINCIPAL**

**01/14/2015**

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

\_\_\_\_\_  
Date