

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006767

Entity Name: ST. THOMAS AQUINAS HIGH SCHOOL, INC.**Current Principal Place of Business:**2801 SW 12 ST
FT LAUDERDALE, FL 33312**Current Mailing Address:**2801 SW 12 ST
FT LAUDERDALE, FL 33312**FEI Number:** 59-0791007**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 PSD
Name ALOMA, DENISE DR.
Address 2801 SW 12 ST
City-State-Zip: FT LAUDERDALE FL 33312

Title VPD
Name MULDER, ROBERT DR.
Address 2801 SW 12 ST
City-State-Zip: FT LAUDERDALE FL 33312

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

Title SECY
Name PRYZBYLSKI, KIM PHD
Address 9401 BISCAYNE BLVD
City-State-Zip: MIAMI SHORES FL 33138

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

Title DIRECTOR
Name EDWARDS, DONALD DR. DR.
Address 9401 BISCAYNE BOULEVARD
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: ALOMA, DENISE, DR.**PRESIDENT****01/23/2021**

Electronic Signature of Signing Officer/Director Detail

Date