

**2024 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	TREASURER
Name	CASCIATO, MICHAEL A
Address	9401 BISCAYNE BLVD
City-State-Zip:	MIAMI SHORES FL 33138

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

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

Title	CHAIRMAN
Name	RIGG, JIM PHD
Address	9401 BISCAYNE BLVD
City-State-Zip:	MIAMI SHORES FL 33138

Title	TRUSTEE
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: DR. DENISE ALOMA****PSD****02/09/2024**

Electronic Signature of Signing Officer/Director Detail

Date