

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

DOCUMENT# N05000000874

**FILED**  
**Jan 11, 2015**  
**Secretary of State**  
**CC4966040351**

**Entity Name:** ARCHDIOCESE OF MIAMI DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

9401 BISCAYNE BLVD  
MIAMI SHORES, FL 33138

**Current Mailing Address:**

9401 BISCAYNE BLVD  
MIAMI SHORES, FL 33138

**FEI Number:** 52-2455624

**Certificate of Status Desired:** Yes

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

FITZGERALD, J. PATRICK ESQ.  
110 MERRICK WAY, STE. 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 PD  
Name WENSKI, THOMAS GREV  
Address 9401 BISCAYNE BLVD  
City-State-Zip: MIAMI SHORES FL 33138

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

Title T  
Name CATANIA, JOSEPH M  
Address 9401 BISCAYNE BLVD  
City-State-Zip: MIAMI SHORES FL 33138

Title SD  
Name JEANTY, CHANEL REV  
Address 9401 BISCAYNE BLVD  
City-State-Zip: MIAMI SHORES FL 33138

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

Title AS  
Name FITZGERALD, J PATRICK  
Address 110 MERRICK WAY, SUITE 3-B  
City-State-Zip: CORAL GABLES FL 33134

*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 ELIZABETH WORLEY

VPD

01/11/2015

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

\_\_\_\_\_  
Date