

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000010696

**Entity Name:** ARCHDIOCESE OF MIAMI VIRTUAL CATHOLIC SCHOOL, INC.

**Current Principal Place of Business:**

9401 BISCAYNE BLVD.  
MIAMI SHORES, FL 33138

**Current Mailing Address:**

9401 BISCAYNE BLVD.  
MIAMI SHORES, FL 33138 US

**FEI Number: 27-4182688**

**Certificate of Status Desired: No**

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

FITZGERALD, J. PATRICK ESQ  
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            PRESIDENT  
Name            WORLEY, ELIZABETH SISTER  
Address        9401 BISCAYNE BOULEVARD  
City-State-Zip: MIAMI SHORES FL 33138

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

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

Title            VP  
Name            BAUTISTA, REBECA ED.D.  
Address        9401 BISCAYNE BLVD.  
City-State-Zip: MIAMI SHORES FL 33138

Title            DIRECTOR  
Name            EDWARDS, DONALD ED.D.  
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: REBECA BAUTISTA, ED.D.**

**VP**

**01/22/2023**

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

\_\_\_\_\_  
Date