

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000010696

**FILED**  
**Feb 27, 2013**  
**Secretary of State**  
**CC6886807090**

**Entity Name:** CATHOLIC SCHOOLS K12 VIRTUAL, INC.

**Current Principal Place of Business:**

9950 N.W. 29TH STREET  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

9950 N.W. 29TH STREET  
CORAL SPRINGS, FL 33065

**FEI Number: 27-4182688**

**Certificate of Status Desired: Yes**

**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 PD  
Name WORLEY, ELIZABETH SISTER  
Address 9401 BISCAYNE BOULEVARD  
City-State-Zip: MIAMI SHORES FL 33138

Title VD  
Name JEANTY, CHANEL REV.JCL  
Address 9401 BISCAYNE BOULEVARD  
City-State-Zip: MIAMI SHORES FL 33138

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

Title DIRECTOR  
Name SOUCKAR, MSGR. MICHAEL A.  
Address 9950 NW 29 ST  
City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR  
Name MARTELL, FLORENCE DR.  
Address 9950 NW 29 ST  
City-State-Zip: CORAL SPRINGS FL 33065

*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: MSGR. MICHAEL A. SOUCKAR**

**DIRECTOR/PASTOR**

**02/27/2013**

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

\_\_\_\_\_  
Date