

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23000013735

**Entity Name:** ST.MATTHEW CATHOLIC PARISH IN HALLANDALE, INC.

**Current Principal Place of Business:**

542 BLUE HERON DRIVE  
HALLANDALE, FL 33009

**Current Mailing Address:**

542 BLUE HERON DRIVE  
HALLANDALE, FL 33009 US

**FEI Number:** 59-0912674

**Certificate of Status Desired:** No

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

FITZGERALD, J. PATRICK ESQUIRE  
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 D  
Name WENSKI, THOMAS G MOST REV  
Address 9401 BISCAYNE BOULEVARD  
City-State-Zip: MIAMI SHORES FL 33138

Title PD  
Name GOVIN, LAZARUS J REV  
Address 542 BLUE HERON DRIVE  
City-State-Zip: HALLANDALE FL 33009

Title VPD  
Name DELGADO, ENRIQUE MOST REV  
Address 9401 BISCAYNE BOULEVARD  
City-State-Zip: MIAMI SHORES FL 33138

Title SD  
Name ZIELONKA, DARIUSZ J MSGR  
Address 9401 BISCAYNE BOULEVARD  
City-State-Zip: MIAMI SHORES FL 33138

Title D  
Name WORLEY, ELIZABETH SISTER  
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:** SISTER ELIZABETH WORLEY

**DIRECTOR**

**04/27/2024**

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

\_\_\_\_\_  
Date