


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90453 045 ****61.25

DOCUMENT # N02000002159

1. Entity Name
OUR LADY OF FATIMA SEMINARIAN FUND, INC.



Principal Place of Business Mailing Address

**28290 BEAUMONT RD
BONITA SPRINGS FL 34134** **4107 DAHOON HOLLY CT
BONITA SPRINGS FL 34134**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/05)

4. FEI Number Applied For

45-0473741 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RUEGG, JOHN
4107 DAHOON HOLLY CT
BONITA SPRINGS FL 34134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE John E. Ruegg John E. Ruegg 4-10-06

Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when the agent is a natural person) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	METZGER, WILLIAM	
STREET ADDRESS	2122 JACARANDA CT	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CULLY, JAMES	
STREET ADDRESS	15287 BURNABY DRIVE	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RUEGG, JACK	
STREET ADDRESS	4107 DAHOON HOLLY CT	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZUCCARO, P.J.	
STREET ADDRESS	9850 ORTEGA LANE	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MACDONALD, LEO	
STREET ADDRESS	25071 GOLDCREST DR	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	S - D	<input type="checkbox"/> Delete
NAME	MACDONALD, LEO	
STREET ADDRESS	25071 GOLDCREST DR	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Fedor, Bruce</u>	
STREET ADDRESS	<u>28171 Winthrop Cir</u>	
CITY-ST-ZIP	<u>Bonita Springs FL 34134</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: John E. Ruegg John E. Ruegg 4-10-06 239-495-2209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Executive Branch #