


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90059 035 \*\*\*\*61.25

**DOCUMENT # N02000002159**

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



Principal Place of Business Mailing Address  
~~28290 BEAUMONT RD~~ 4107 DAHOON HOLLY CT  
~~BONITA SPRINGS FL 34134~~ BONITA SPRINGS FL 34134



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
*19680 Cypress View Dr.*  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
*Fort Myers FL.*  
 City & State City & State

Zip Country Zip Country  
*33967 Lee*

1st MOORE CR2E037 (10/07)

4. FEI Number **45-0473741** Applied For  
 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 D. Ruegg* DATE *2-27-08*

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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	D	<input type="checkbox"/> Delete
NAME	FEDOR, BRUCE	
STREET ADDRESS	28171 WINTHROP CIR	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	<del>see p-d</del>	<input type="checkbox"/> Delete
NAME	CULLY, JAMES	
STREET ADDRESS	3000 WINDSWEPT DR.	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
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	S	<input type="checkbox"/> Delete
NAME	MACDONALD, LEO	
STREET ADDRESS	25071 GOLDCREST DR	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	D	<input type="checkbox"/> Delete
NAME	BISHOP, PEG	
STREET ADDRESS	P.O. BOX 4266	
CITY-ST-ZIP	BONITA SPRINGS FL 34133	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Ruehl, John</i>	
STREET ADDRESS	<i>11451 Pembroke Run</i>	
CITY-ST-ZIP	<i>Estero, FL 33928</i>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Ortiz, Sofonis Rev.</i>	
STREET ADDRESS	<i>28290 Beaumont Road</i>	
CITY-ST-ZIP	<i>Bonita Springs FL 34134</i>	
TITLE	<del>VP D</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Metzger, Bill</i>	
STREET ADDRESS	<i>6820 Arcadia Highway</i>	
CITY-ST-ZIP	<i>Evansville, IN 47715</i>	
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 D. Ruegg* DATE: *2-27-08* TELEPHONE: *239-495-2209*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR