

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 19 1996 8:00 am
Secretary of State

DOCUMENT # 701530 (8)
1. Corporation Name
REGIONAL SEMINARY OF ST. VINCENT DE PAUL IN FLOR
IDA, INCORPORATED



Principal Place of Business Mailing Address
10701 S. MILITARY TRAIL 10701 S. MILITARY TRAIL
BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436

| | | | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 10/13/1960 | | 3a. Date of Last Report 04/12/1995 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-1028326 | | Applied For Not Applicable | |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 23 | Zip | 28 | Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 24 | Country | 29 | Zip | | | | |

9. Name and Address of Current Registered Agent

NAVARRO, PABLO A
10701 SOUTH MILITARY TRAIL
BOYNTON BEACH FL 33436

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| FL | 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | FAVALORA, JOHN C | |
| STREET ADDRESS | 9401 BISCAYNE BLVD. | |
| CITY-ST-ZIP | MIAMI SHORES FL 33138 | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | NAVARRO, PABLO A | |
| STREET ADDRESS | 10701 S MILITARY TRAIL | |
| CITY-ST-ZIP | BOYNTON BEACH FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | BOSSO, STEPHEN C | |
| STREET ADDRESS | 10701 S. MILITARY TRAIL | |
| CITY-ST-ZIP | BOYNTON BCH. FL 33436 | |
| TITLE | CD | <input type="checkbox"/> DELETE |
| NAME | NEVINS, JOHN | |
| STREET ADDRESS | 10701 S. MILITARY TRAIL | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33436 | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | HEUBERGER, MARK L | |
| STREET ADDRESS | 10710 S. MILITARY TRAIL | |
| CITY-ST-ZIP | BOYNTON BCH. FL 33436 | |
| TITLE | M | <input checked="" type="checkbox"/> DELETE |
| NAME | MULLEN, THOMAS J., JR | |
| STREET ADDRESS | MILITARY TRAIL 10701 | |
| CITY-ST-ZIP | BOYNTON BEACH FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pablo A. Navarro

3/15/96

(407) 732-4424

Date

Daytime Phone #

CR2E037 (12/95)