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Feb 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **701530** (8)

1. Corporation Name

REGIONAL SEMINARY OF ST. VINCENT DE PAUL IN FLORIDA, INCORPORATED

Principal Place of Business

**10701 S. MILITARY TRAIL
BOYNTON BEACH FL 33436**

Mailing Address

**10701 S. MILITARY TRAIL
BOYNTON BEACH FL 33436-4811**



3. Date Incorporated or Qualified
10/13/1960

3a. Date of Last Report
03/19/1996

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

25
Country

29
Zip

30
Country

4. FEI Number

59-1028326

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

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	BONYNTON BCH. FL 33436	
TITLE	CD	<input checked="" 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		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CD
4.3 STREET ADDRESS	Lynch, Robert N.
4.4 CITY-ST-ZIP	P. O. Box 40200 6363 9th Ave. North
	St. Petersburg FL 33710
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Pablo A. Navarro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PABLO A. NAVARRO

1-9-97 561-732-4424

Date

Daytime Phone # 0042383

CR2E037 (9/96)