FILE NOW: FILING FEE IS \$61.25

NONPROFIT , CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701530

Corporation Name

REGIONAL SEMINARY OF ST. VINCENT DE PAUL IN FLOR IDA, INCORPORATED

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

10701 S. MILITARY TRAIL BOYNTON BEACH FL 33436

FILED Feb 02, 1999 8:00am Secretary of State

02-02-1999 90025 002 ****61.25



3. Date Incorporated or Qualifed

5. Certificate of Status Desired

10/13/1960

59-1028326

4. FEI Number

23	* * ·	28					F 66 INC	4000
Zip	Country	Zip	Country	У	6. Election Campaign Financing		\$5.00 May Be	
4	25	29	30		Trust Fund Contribution	n	Added to	Fees
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
			81	Name				
NAVARRO, PABLO: Ajany con sal viscos in de dada de alco				Street Addre	reet Address (P.O. Box Number is Not Acceptable)			
10701 SOUTH MILITARY TRAIL								. , .
BOYNTON BEACH FL 33436								1
			84	City	•		85 Zip C	ode
1000; A 10000	to the provisions of Sections 617.0502 a	nd 617 1509 Elondo Statut	oc the show	to named come	postion submits this statement	for the purpose of	of changing its	edistered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was a	uthorized by	the corporatio	n's board of directors. I heret	by accept the app	bintment as reg	istered :
SIGNATURE								
12.	Signature, typed or printed name of registered agent ar		: Registered Age	nt signature required	when reinstating) ADDITIONS/CHANGES	TO OFFICERS A	ND DIRECTO	RS IN 12
	OFFICERS AND	DIRECTORS DELETE	1.1 TITLE	· · · · · · · · · · · · · · · · · · ·		10 OF TOLKO	Change	Addition
TITLE	Ÿ	C occur	1.7 NAME				ر مارس	
NAME	FAVALORA, JOHN C				and the second	•		ļ
STREET ADDRESS	9401 BISCAYNE BLVD.			TADDRESS				·
CITY-ST-ZIP	MIAMI SHORES FL 33138		1,4 CITY-5	ST-ZIP		•	Change	☐ Addition
TITLE	P	☐ DELETE	2.1 TITLE	l			Change	☐ Madison
NAME	NAVARRO, PABLO A		2.2 NAME			•/		
STREET ADDRESS	10701 S MILITARY TRAIL		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL		2.4 CITY-	ST-ZIP				
TITLE	V	DELETE	3.1 TITLE				Change	☐ Addition
NAME (VALUE)	BOSSO, STEPHEN C	SECTION OF THE SECTION	3.2 NAME					
STREET ADDRESS	10701 S MILITARY TRAIL	(A. 1) (A. 1) (A. 1) (A. 1)	3.3 STREE	TADORESS	•	·*.		
CITY-ST-ZIP	BONYNTON BCH. FL 33436		3.4. CITY-	ST-ZIP				
TITLE	CD	☐ DELETE	4.1 TITLE				Change	Addition
NAME	LYNCH, ROBERT N		4. 2 NAME					d dimer root
STREET ADDRESS	6363 9TH AVE NORTH		4.3 STREE	TADORESS		1000		
CITY-ST-ZIP	ST PETESBURG FL	The state of the s	4.4 CITY-5	ST-7IP				
TITLE	ST	☐ DELETE	5.1 TITLE		. ,		☐ Change	Addition
NAME	HEUBERGER, MARK L		5.2 NAME	1		•		
STREET ADDRESS	10701 S MILITARY TRAIL		5.3 STREE	TADDRESS				
	BOYNTON BCH. FL 33436		5.4 CITY-5	1	$(x_0, x_0) = \frac{1}{2} \left(\frac{1}{2} \right) \right) \right) \right) \right)}{1} \right) \right)} \right) \right)} \right) \right)} \right)} \right)} \right)}}}}}}}}$			
TITLE	ENTERED TO THE DATE	□ DELETE	6.1 TITLE				Change	Addition
	SEE BY VIEWWAY		6.2 NAME				_ ,	<u> </u>
NAME	MASSEC			TADORESS				
STREET ADDRESS				1			•	
CITY-ST-ZIP	artify that the information supplied with	his Elias dans and availe. In	6.4 CITY-5		action 110 07(2)(i) Elected St	totutos. I further e	artifu that tha in	formation

r nerepy 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, with all other like empowered.

Pablo A Navarro

CONTROL AND TYPES OF PONITED NAME OF COMMO OFFICES OF DIRECTO

1/15/99

561-732-4424

Daytime Phone #

2E037 (11/98)

Applied For

\$8.75 Additional

Not Applicable