

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL 28 PM 1:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 703025 (7)

1. Corporation Name
ST. JOHN VIANNEY COLLEGE SEMINARY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
2900 SW 87 AVE MIAMI FL 33165 **2900 SW 87 AVE MIAMI FL 33165**

3. Date Incorporated or Qualified **10/16/1961** 3a. Date of Last Report **02/01/1994**
4. FEI Number **59-0936099** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**GARCIA, REV. GEORGE
2900 SW 87TH AVE
MIAMI FL 33165**

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 _____ DATE _____
Signature, typed or printed name of registered agent and filer if applicable. NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	MCCARTHY, EDWARD A. (CHR)
STREET ADDRESS	9401 BISCAYNE BLVD.
CITY - ST - ZIP	MIAMI FL 33138
TITLE	PSD
NAME	GARCIA, REV. GEORGE
STREET ADDRESS	2900 SW 87TH AVE
CITY - ST - ZIP	MIAMI FL 33165
TITLE	D
NAME	ROMAN, REV. AUGUSTIN
STREET ADDRESS	3609 S. MIAMI AVENUE
CITY - ST - ZIP	MIAMI FL 33133
TITLE	D
NAME	NEVINS, REV. JOHN J. (V-CH)
STREET ADDRESS	1000 PINEBROOK RD.
CITY - ST - ZIP	VENICE FL 34292
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	John C. Favalora
13 STREET ADDRESS	9401 Biscayne Boulevard
14 CITY - ST - ZIP	Miami, FL 33138
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: *Rev. George Garcia* (305)
June 21, 1995 223-4561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Position

CFR2037 (3/95)