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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703025

Corporation Name

ST. JOHN VIANNEY COLLEGE SEMINARY, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

22

Mailing Address

2900 SW 87 AVE MIAMI FL 33165 2900 SW 87 AVE MIAMI FL 33165

2a. Mailing Address

Suite, Apt. #, etc.

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FILED Mar 24, 1999 8:00 am § Secretary of State

03-24-1999 90091 017 ****70.00



Applied For

Not Applicable

3. Date Incorporated or Qualifed

10/16/1961

FEI Number

59-0936099

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| CountryZip | | | Cou | ntry | | - | 6. Election | Campa | npaign Financi | cing | П | \$5.00 | • | | |
| 25 29 30 | | | | | | | | Trust Fund Contribution | | | | | | Added to Fees | |
| 9. Name and Address of Current | Regis | stered Agent | <u> </u> | | | | 1 | 0. Name a | nd Ad | dress of N | ew Re | gistere | d Agent | | |
| | | | | | 81 | Name | | | | | | • | | | |
| NOONAN, REV JOHN 2900 SW 87TH AVE | | | | | 82 | Street | Address | (P.O. Box N | ox Number is Not Acceptable) | | | | | | |
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| to the provisions of Sections 617.0502 | and 6 | 517.1508, Flo | rida Statutes, | the a | bove | named | corporal | ion submits | this st | atement for | r the p | urpose | of changing its | registered | |
| egistered agent, or both, in the State of m familiar with, and accept the obligation | f Flori ons of | ida. Such cha f. Section 617 | inge was auth 7.0503, Florida | orizec a Stati | utes. | tne corpo | oration s | poard or di | ectors | . i nereby a | accept. | me app | Omment as re | gisterou | |
| | | ., | , | | | | | | | | | | | | |
| Signature, typed or printed name of registered agent a | and title | If applicable. | (NOTE: Re | gistered | Agent | t signature re | equired who | | | | | DATE | | | |
| OFFICERS AND | DIRE | ECTORS | | 13. | | | | ADDITIO | NS/CH | ANGES TO | OFF | CERS A | AND DIRECTO | | |
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| 1 | 9. Name and Address of Current REV JOHN 87TH AVE 33165 to the provisions of Sections 617.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati Signature, typed or printed name of registered agent OFFICERS AND C FAVALORA, JOHN C 9401 BISCAYNE BOULEVARD MIAMI FL PSD NOONAN, REV JOHN -2900 SW-87TH-AVE— MIAMI FL D ROMAN, REV.AUGUSTIN | REV JOHN 87TH AVE 33165 to the provisions of Sections 617.0502 and egistered agent, or both, in the State of Floring familiar with, and accept the obligations of Sections 617.0502 and egistered agent, or both, in the State of Floring familiar with, and accept the obligations of Signature, typed or printed name of registered agent and title OFFICERS AND DIRIC C FAVALORA, JOHN C 9401 BISCAYNE BOULEVARD MIAMI FL PSD NOONAN, REV JOHN 2900 SW-87TH-AVE MIAMI FL D ROMAN, REV.AUGUSTIN 3609 S. MIAMI AVENUE MIAMI FL 33133 D NEVINS,REV.JOHN J.(V-CH) 1000 PINEBROOK RD. | Country 25 9. Name and Address of Current Registered Agent REV JOHN 87TH AVE 33165 to the provisions of Sections 617.0502 and 617.1508, Floregistered agent, or both, in the State of Florida, Such chain familiar with, and accept the obligations of, Section 617 Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS C FAVALORA, JOHN C 9401 BISCAYNE BOULEVARD MIAMI FL PSD NOONAN, REV JOHN 2900 SW-87TH-AVE MIAMI FL D ROMAN, REV.AUGUSTIN 3609 S. MIAMI AVENUE MIAMI FL 33133 D NEVINS, REV.JOHN J. (V-CH) 1000 PINEBROOK RD. VENICE FL 34292 | Country | Country Zip Country 29 30 9. Name and Address of Current Registered Agent REV JOHN 87TH AVE 33165 to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the a egistered agent, or both, in the State of Florida. Such change was authorized framiliar with, and accept the obligations of, Section 617.0503, Florida Statutes, tree a egistered agent and title if applicable. (NOTE: Registered Florida, Such change was authorized framiliar with, and accept the obligations of, Section 617.0503, Florida Statutes, the a egistered agent and title if applicable. (NOTE: Registered Defers AND DIRECTORS 13. STAVALORA, JOHN C DELETE 1.1TT FAVALORA, JOHN C DELETE 1.1TT PAVALORA, JOHN C DELETE 1.1TT PAVALORA, JOHN C DELETE 1.1TT PAVALORA, PROMAN, REV JOHN 22.N DELETE 1.1TT PAVALORA, REV. JOHN 22.N DELETE 1.1TT PAVALORA, REV. AUGUSTIN 32.N DELETE 3.1TT ROMAN, REV. AUGUSTIN 32.N DELETE 3.1TT ROMAN, REV. AUGUSTIN 3.3ST DELETE 3.1TT PAVALORA, REV. AUGUSTIN 3.3ST DELETE 3.1TT S.2.N DELETE 3.1TT S.2.N DELETE 3.1TT S.2.N DELETE 5.1TT S.3.TT D.3.TT D.3.TT D.3.TT D.3.TT D.3.TT D.3.TT D.3.TT D | Country 25 29 30 9. Name and Address of Current Registered Agent REV JOHN 87TH AVE 33165 84 to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above egistered agent, or both, in the State of Florida. 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Name and Address of Current Registered Agent REV JOHN 87TH AVE 33165 82 Street 83 84 City to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named egistered agent, or both, in the State of Florida, Such change was authorized by the corpus of familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature, typad or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 13. C | Country Zip Country 25 | Country Zip Country 25 29 30 30 30 50 6. Election Trust Fu 9. Name and Address of Current Registered Agent 81 Name REV JOHN 87TH AVE 83 84 City 10. Name a 82 Street Address (P.O. Box I 83 84 City 10. Name a 84 City 10. Name a 85 Street Address (P.O. Box I 86 87 Address (P.O. Box I 87 Address (P.O. Box I 88 City 10. Name a 80 City 10. Name a 81 Name 82 Street Address (P.O. Box I 83 Street Address (P.O. Box I 84 City 10. Name a 85 Street Address (P.O. Box I 86 City 10. Name a 87 Address (P.O. 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Box Num | Country Zip Country Trust Fund Contribution 9. Name and Address of Current Registered Agent 10. Name and Address of New Research Agent Statutes and Address (P.O. Box Number is Not Acceptate Agent August Agent August Agent August Agent August Aug | 28 Zip Country Zip Country Selection Campaign Financing Trust Fund Contribution Trust Fund Contribution | Country Zip Country 5, 5,000 25 25 29 30 Trust Fund Contribution | |

I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. Further certain 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 dorporation 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 phangad, or on an attachment with an address, with all other like empowered.

SIGNATURE

VAIGNATURE REQUIREREV. JOHN NOONAN, Rector

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(305) 223-456

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