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Mar 24, 1999 8:00 am
Secretary of State

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

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703025

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

Principal Place of Business 2900 SW 87 AVE MIAMI FL 33165	Mailing Address 2900 SW 87 AVE MIAMI FL 33165
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	3. Date incorporated or Qualified 10/16/1961	4. FEL Number 59-0936099 Applied For Not Applicable
24 Country	29 Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent NOONAN, REV JOHN 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
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C FAVALORA, JOHN C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9401 BISCAYNE BOULEVARD	1.2 NAME	
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PSD NOONAN, REV JOHN	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2900 SW-87TH AVE	2.2 NAME	NOONAN, REV. JOHN
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	2900 S.W. 87th AVE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI, FL
TITLE	D ROMAN, REV.AUGUSTIN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3609 S. MIAMI AVENUE	3.2 NAME	
STREET ADDRESS	MIAMI FL 33133	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D NEVINS,REV.JOHN J.(V-CH)	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1000 PINEBROOK RD.	4.2 NAME	
STREET ADDRESS	VENICE FL 34292	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	WENSKI, REV. THOMAS
STREET ADDRESS		5.3 STREET ADDRESS	9401 BISCAYNE BLVD.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI, FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE: _____ SIGNATURE REQUIRED: REV. JOHN NOONAN, Rector 3/18/99 (305) 223-456

CR2E037-(11/98)