

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90101 021 ****61.25

DOCUMENT # 703025
 1. Entity 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

50011680



2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

01262005 Chg-NP CR2E037 (10/03)

4. FEI Number: 59-0936099
 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 NOONAN, REV JOHN
 2900 SW 87TH AVE
 MIAMI, FL 33165

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing: Trust Fund Contribution \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: CT	FAVALORA, JOHN C REV <input type="checkbox"/> Delete
STREET ADDRESS: 9401 BISCAYNE BOULEVARD	CITY-ST-ZIP: MIAMI, FL 33138
TITLE: PD	NOONAN, JOHN REV <input type="checkbox"/> Delete
STREET ADDRESS: 2900 SW 87TH AVE	CITY-ST-ZIP: MIAMI, FL
TITLE: T	ROMAN, AGUSTIN REV <input checked="" type="checkbox"/> Delete
STREET ADDRESS: 9401 BISCAYNE BLVD.	CITY-ST-ZIP: MIAMI, FL 33138
TITLE: T	FERNANDEZ, GILBERTO REV <input checked="" type="checkbox"/> Delete
STREET ADDRESS: 9401 BISCAYNE BLVD.	CITY-ST-ZIP: MIAMI SHORE, FL 33138
TITLE: S	WENSKI, REV THOMAS <input type="checkbox"/> Delete
STREET ADDRESS: 9401 BISCAYNE BLVD	CITY-ST-ZIP: MIAMI, FL <i>P.O. Box 1800 Orlando, FL 32802</i>
TITLE: T	NEVINS, JOHN J REV <input type="checkbox"/> Delete
STREET ADDRESS: 1000 PINEBROOK ROAD	CITY-ST-ZIP: VENICE, FL 34292

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	STREET ADDRESS: _____
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	STREET ADDRESS: _____
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <i>Estevez, Felipe Rev.</i>	STREET ADDRESS: <i>9401 Biscayne Blvd</i>
CITY-ST-ZIP: _____	<i>- Miami FL 33138</i>
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	STREET ADDRESS: _____
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	STREET ADDRESS: _____
CITY-ST-ZIP: _____	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: *2/2/2005* DAYTIME PHONE #: *305-551-9791*