2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Sep 30, 2005 **DOCUMENT# 703025** Secretary of State

Entity Name: ST. JOHN VIANNEY COLLEGE SEMINARY, INC. **Current Principal Place of Business: New Principal Place of Business:** 2900 SW 87 AVE MIAMI, FL 33165 **Current Mailing Address: New Mailing Address:** 2900 SW 87 AVE MIAMI, FL 33165 FEI Number: 59-0936099 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NOONAN, REV JOHN 2900 SW 87TH AVE MIAMI, FL 33165 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FAVALORA, JOHN C REV Name: Name: Address: 9401 BISCAYNE BOULEVARD Address: City-St-Zip: MIAMI, FL 33138 City-St-Zip: Title: PD () Delete Title: () Change () Addition Name: NOONAN, JOHN REV Name: Address: 2900 SW 87TH AVE Address: City-St-Zip: MIAMI, FL City-St-Zip: Title: () Delete Title: () Change () Addition ESTEVEZ, FELIPE Name: Name: 9401 BISCAYNE BLVD. Address: Address: City-St-Zip: MIAMI, FL 33138 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: WENSKI, REV THOMAS Name: HENNESSEY, V.G., WILLIAM J MSGR. 9041 BISCAYNE BLVD. Address: PO BOX 1800 Address: City-St-Zip: ORLANDO, FL 32802 City-St-Zip: MIAMI SHORES, FL 33138 Title: () Delete Title: () Change () Addition NEVINS, JOHN J REV Name: Name: 1000 PINEBROOK ROAD Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: MSGR. WILLIAM J. HENNESSEY, V.G. S 09/30/2005 Date

City-St-Zip:

VENICE, FL 34292