**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)**

NONPROFIT CORPORATION ANNUAL REPORT

**1995**

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

FILED
1995 JUL 26 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **703251** **(9)**

1. Corporation Name

**ST. THOMAS UNIVERSITY, INC.**

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 16400 NW 32ND AVENUE<br>MIAMI FL 33054 | 16400 NW 32ND AVENUE<br>MIAMI FL 33054 |

3. Date Incorporated or Qualified: **11/28/1961**
3a. Date of Last Report: **03/23/1994**
4. FEI Number: **59-0949880** ☐ Applied For ☐ Not Applicable
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

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| 22 Suite, Apt. #, etc | 27 Suite, Apt. #, etc |
| 23 City & State | 28 City & State |
| 24 Zip / 25 Country | 29 Zip / 30 Country |

**9. Name and Address of Current Registered Agent**

FITZGERALD, PATRICK
110 MERRICK WAY
SUITE 20C
CORAL GABLES FL 33134

**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 title if applicable. NOTE: Registered Agent signature required when mandatory.

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ~~D~~<br>~~WALSH, BRYAN O.~~<br>~~9401 BISCAYNE BLVD.~~<br>~~MIAMI FL 33138~~ | PLEASE DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP | D T<br>President D T<br>MSGR. Franklyn M.CASALE<br>16400 N.W. 32nd. Avenue,Miami, Fl. ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ~~D~~<br>~~KELLY, VINCENT~~<br>~~9401 BISCAYNE BLVD.~~<br>~~MIAMI FL 33138~~ | PLEASE DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP | T<br>Chair T<br>Thomas Pennekamp<br>1434 South Miami, Ave.<br>Miami, Fl. 33130 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ~~D~~<br>~~HAUSLER, JEANETTE~~<br>~~16400 N.W. 32ND AVE.~~<br>~~MIAMI FL~~ | PLEASE DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP | T<br>Vice-Chair T<br>M. Lewis Hall, Jr. Esq.<br>Republic National Bank-Suite 1400<br>150 S.E. 2nd Ave. Miami, Fl. 33131 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ~~D~~<br>~~VAUGHAN, REV. JOHN J~~<br>~~9401 BISCAYNE BLVD.~~<br>~~MIAMI SHORES FL~~ | PLEASE DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP | T<br>Secretary T<br>Sr. Elizabeth Anne Worley,S.S.J.<br>Mercy Hospital<br>3663 South Miami Avenue<br>Miami, Fl. 33133 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | VP<br>BLAIR, NORMAN,<br>16400 N.W. 32ND AVE.<br>MIAMI FL 33054 | | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP | Vice-President<br>Gary N. McCloskey, O.S.A.<br>16400 N.W. 32nd Ave.<br>Miami, Fl. 33054 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | D<br>KUBALA, DANIEL,<br>16400 N.W. 32ND<br>MIAMI FL 33054 | | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP | ☐ Change ☐ Addition |

CR2E037 (3/95)

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)(i), 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: _____ Juan Vargas June 30, 1995 ( 305) 628-6518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000500