FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703251

1. Corporation Name

ST. THOMAS UNIVERSITY, INC.

Principal Place of Business
% NORMAN A. BLAIR
16400 NORTHWEST 32ND AVENUE

Mailing Address

% NORMAN A. BLAIR 16400 NORTHWEST 32ND AVENUE

FILED Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90126 020 ****70.00



MIAMI FL 33U54		MIAMI FL 33034				, , , , , , , , , , , , , , , , , , , ,			
2. Principal Pl	ace of Business	2a. Mailing Address			-	3. Date Incorporated or Qualife	ed b	<u></u>	
<u> </u>		26				11/28/1961			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number			plied For
2		27				59-0949880			t Applicable
City & State	e 	City & State				5. Certificate of Status Desired	X	\$8.75 Fee Re	
Zip .	Country	Zip	Country	y		6. Election Campaign Financin	ıg 👝	\$5.00	May Be
4	25	29 30	ה			Trust Fund Contribution	""	Added	to Fees
 -	9. Name and Address of Current F	<u> </u>				10. Name and Address of Nev	w Registere	d Agent	
i			81	Name					• .
FITZGERALD, J. PATRICK ESQ.				Street A	reet Address (P.O. Box Number is Not Acceptable)				
110 MERRICK WAY				82 Street Address (P.O. Box Number is Not Acceptable)					
SUITE 3-B			83						
	ABLES FL 33134		84	City			_	. 85 Zip	Code
COIL C	DELO 1 C 00101		84	City			F		0000
agent. I a	to the provisions of Sections 617.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligatio	ns of, Section 617.0503, Fiorida	a Statute:	> .			DATE		-
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg				gistered Agent signature required		ADDITIONS/CHANGES TO (ND DIRECTO	RS IN 12
12.	P OFFICERS AND	DIRECTORS	1,1 TITLE	····		7,DB171011010101010101010101010101010101010		Change	☐ Addition
TITLE	l •		1.1 IIILE 1.2 NAME					٠ ٠	_
NAME ,	Casale, Franklyn M 16400 n.w. 32nd. Avenue			T ADDRESS					
STREET ADORESS	MIAMI FL 33054			ľ	٠.				
CITY-ST-ZIP	CT S3034	☐ DELETE	1.4 CITY-1 2.1 TITLE	51-ZIP				Change	☐ Addition
TITLE	RUSSOMANNO, HERMAN		2.2 NAME					-	_
NAME .	150 WEST FLAGLER ST.			ET ADDRESS				-	
STREET ADDRESS	MIAMI FL 33130		2.4 CITY-				•		
TITLE +	VCT	☐ DELETE	3.1 TITLE	31-21	-			Change	Addition
NAME	HIGGINBOTTOM, SAMUEL		3.2 NAME	ľ				•	
STREET ADDRESS	ONE ALHAMBRA PLAZA		3.3 STREE	ET ADDRESS		· ·	•		
CITY-ST-ZIP	CORAL GABLES FL 33134		3.4. CITY-						·
TITLE ,	ST	☐ DELETE	4.1 TITLE					Change	☐ Addition
NAME	WORLEY, ELIZABETH SR.		4. 2 NAME	:		•			
STREET ADDRESS	3663 SOUTH MIAMI AVENUE		4.3 STREI	ET ADDRESS				•	
CITY-ST-ZIP	MIAMI FL	•	4.4 CITY-	ST-ZIP				٠,	
TITLE	VP	☐ DELETE	5.1 TITLE					Change	☐ Addition
NAME	BLAIR, NORMAN A		5.2 NAME			•			
STREET ADDRESS	16400 N.W. 32ND AVE.	•	5.3 STRE	ETADDRESS					
CITY-ST-ZIP	MIAMI FL 33054		5.4 CITY-	ST-ZIP		•			
TITLE	1	☐ DELETE	6.1 TITLE				:	Change	Addition
NAME ;	HENNESSEY, WILLIAM J REV MS	G.	6.2 NAME			•	•		
STREET ADDRESS	ALCA DIGGLAMIE DILID	•	6.3 STRE	ET ADDRESS					
CITY-ST-ZiP,	MIAMI SHORES FL 33138		6.4 CITY-	ST-ZIP					
жи г-эч-47°,	1111 UNI 011011EO 1 E 00 100		<u> </u>						

I. 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 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 of 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 twist all other like empowered.

SIGNATURE

SIGMA/IVRE R/S/30/27E

6.6.99 (305) 628-6