2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# 703251

Entity Name: ST. THOMAS UNIVERSITY, INC.

Current Principal Place of Business:

% TERRENCE L. O'CONNOR
16401 NORTHWEST 37TH AVENUE
MIAMI GARDENS, FL 33054

New Principal Place of Business:

TERRENCE L. O'CONNOR
16401 NORTHWEST 37TH AVENUE
MIAMI GARDENS, FL 33054

Current Mailing Address:

% TERRENCE L. O'CONNOR
16401 NORTHWEST 37TH AVENUE
MIAMI GARDENS, FL 33054

New Mailing Address:

TERRENCE L. O'CONNOR
16401 NORTHWEST 37TH AVENUE
MIAMI GARDENS, FL 33054

FEI Number: 59-0949880 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FITZGERALD, J. PATRICK ESQ.
110 MERRICK WAY
SUITE 3-B
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Title:	P	( ) Delete
Name:	CASALE, FRANKLYN M REV MSG	
Address:	16401 N.W. 37TH. AVENUE	
City-St-Zip:	MIAMI GARDENS, FL 33054	
Title:	CT	( ) Delete
Name:	SWIENTON, GREGORY T	
Address:	3600 N.W. 82 AVENUE	
City-St-Zip:	MIAMI, FL 33166	
Title:	VCT	( ) Delete
Name:	SHAY, RODGER D	
Address:	1000 BRICKELL AVENUE,	
City-St-Zip:	MIAMI, FL 33131	
Title:	ST	( ) Delete
Name:	JOLLIVETTE, CYRUS M	
Address:	4800 DEERWOOD CAMPUS PARKWAY	
City-St-Zip:	DCC1-8 JACKSONVILLE, FL 32246	
Title:	VP	( ) Delete
Name:	O'CONNOR, TERRENCE L	
Address:	16401 N.W. 37TH AVE.	
City-St-Zip:	MIAMI GARDENS, FL 33054	
Title:	AST	( ) Delete
Name:	ANTELO, JESSICA	
Address:	16401 NW 37TH AVENUE	
City-St-Zip:	MIAMI GARDENS, FL 33054	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: TERRENCE L. O'CONNOR MR. 04/13/2009

Electronic Signature of Signing Officer or Director — Date