

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).

FILED

Jul 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **834557** (1)

1. Corporation Name

ST. MARON'S DIOCESE OF DETROIT-U.S.A.

Principal Place of Business

Mailing Address

2055 CORAL WAY
MIAMI FL 33145
US

2055 CORAL WAY
MIAMI FL 33145
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/24/1975	3a. Date of Last Report 07/03/1996
4. FEI Number 38-1771226	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 2055 CORAL WAY Suite, Apt. #, etc. — 22 City & State MIAMI, FL 23 Zip 33145	2a. Mailing Address 26 2055 CORAL WAY Suite, Apt. #, etc. — 27 City & State MIAMI, FL 28 Zip 33145	Country 25 USA 29 USA
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9. Name and Address of Current Registered Agent

THOMAS, REV. MICHAEL G
2055 CORAL WAY
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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  (MICHAEL G. THOMAS)

DATE **7/21/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARIS, JOHN D	1.2 NAME	KADDO, REV. MAJR. JOSEPH F.
STREET ADDRESS	PO BOX 010-360	1.3 STREET ADDRESS	294 HOWARD AVE.
CITY-ST-ZIP	STATEN ISLAND NY 10301	1.4 CITY-ST-ZIP	STATEN ISLAND, NY 10301
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAYEK, REV FRANCIS M	2.2 NAME	DOUEH, MOST REV. STEPHEN HECTOR
STREET ADDRESS	PO BOX 010-360	2.3 STREET ADDRESS	294 HOWARD AVE.
CITY-ST-ZIP	STATEN ISLAND NY 10301	2.4 CITY-ST-ZIP	STATEN ISLAND, NY 10301
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	THOMAS, REV. MICHAEL G	3.2 NAME	
STREET ADDRESS	2055 CORAL WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33145	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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:  (MICHAEL G. THOMAS) 7/21/97 (305) 856-7449

CR2E037 (4/97)