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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 834557			
1. Corporation Name ST. MARON'S DIOCESE OF DETROIT-U.S.A.			
Principal Place of Business 2055 CORAL WAY MIAMI FL 33145 US		Mailing Address 2055 CORAL WAY MIAMI FL 33145 US	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24		Zip 29	
Country 25		Country 30	
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 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 Signature, typed or printed name of registered agent and title if applicable.		DATE (NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD		1.1 TITLE SD	
NAME KADDO, REV. MSGR. JOS		1.2 NAME KADDO, REV. MSGR. JOS	
STREET ADDRESS 2944 HOWARD AVE		1.3 STREET ADDRESS 2944 HOWARD AVE	
CITY-ST-ZIP STATEN ISLAND NY		1.4 CITY-ST-ZIP STATEN ISLAND NY	
TITLE PD		2.1 TITLE PD	
NAME DOVEIHI, MOST REV. STEP		2.2 NAME DOVEIHI, MOST REV. STEP	
STREET ADDRESS 294 HOWARD AVE		2.3 STREET ADDRESS 294 HOWARD AVE	
CITY-ST-ZIP STATEN ISLAND NY		2.4 CITY-ST-ZIP STATEN ISLAND NY	
TITLE D		3.1 TITLE D	
NAME THOMAS, REV. MICHAEL G		3.2 NAME THOMAS, REV. MICHAEL G	
STREET ADDRESS 2055 CORAL WAY		3.3 STREET ADDRESS 2055 CORAL WAY	
CITY-ST-ZIP MIAMI FL 33145		3.4 CITY-ST-ZIP MIAMI FL 33145	
TITLE 		4.1 TITLE 	
NAME 		4.2 NAME 	
STREET ADDRESS 		4.3 STREET ADDRESS 	
CITY-ST-ZIP 		4.4 CITY-ST-ZIP 	
TITLE 		5.1 TITLE 	
NAME 		5.2 NAME 	
STREET ADDRESS 		5.3 STREET ADDRESS 	
CITY-ST-ZIP 		5.4 CITY-ST-ZIP 	
TITLE 		6.1 TITLE 	
NAME 		6.2 NAME 	
STREET ADDRESS 		6.3 STREET ADDRESS 	
CITY-ST-ZIP 		6.4 CITY-ST-ZIP 	

14. 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 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, with all other like empowered.

SIGNATURE: **THOMAS, REV. MICHAEL G** (Rev) MICHAEL G. THOMAS 4/12/99 856-7449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF THE CORPORATION
Date Daytime Phone #

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