

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90085 016 ****61.25

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01042005 Chg-NP CR2E037 (10/03)

DOCUMENT # F04000002527 1. Entity Name MOUNT SAINT MARY'S COLLEGE, INC.					
Principal Place of Business 16300 OLD EMMITSBURG ROAD EMMITSBURG, MD 21727			Mailing Address 16300 OLD EMMITSBURG ROAD EMMITSBURG, MD 21727		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 52-0591672	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POWELL, THOMAS H DR.		NAME		
STREET ADDRESS	16300 OLD EMMITSBURG ROAD		STREET ADDRESS		
CITY-ST-ZIP	EMMITSBURG, MD 21727		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BULEY, PAULA MARIE SR., IHM		NAME	VICE PRESIDENT	
STREET ADDRESS	16300 OLD EMMITSBURG ROAD		STREET ADDRESS	S. FRANK DELUCA	
CITY-ST-ZIP	EMMITSBURG, MD 21727		CITY-ST-ZIP	16300 OLD EMMITSBURG ROAD	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILLECE, NANCY		NAME	MOSLEY, GODFREY T	
STREET ADDRESS	16300 OLD EMMITSBURG ROAD		STREET ADDRESS	5001 EASTERN AVENUE	
CITY-ST-ZIP	EMMITSBURG, MD 21727		CITY-ST-ZIP	WASHINGTON, DC 20017	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AGNONE, ANTHONY J		NAME		
STREET ADDRESS	11350 MCCORMICK ROAD, SUITE 800		STREET ADDRESS		
CITY-ST-ZIP	HUNT VALLEY, MD 21031		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOLTE, RICHARD J SR.		NAME		
STREET ADDRESS	510 WALNUT STREET, 14TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA, PA 19106		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHRISTOPHER, RICHARD T		NAME		
STREET ADDRESS	7234 LANCASTER PIKE		STREET ADDRESS		
CITY-ST-ZIP	HOCKESSIN, DE 19707		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Frank Deluca</i> FRANK DELUCA 1-5-05 301-447-5772 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

#F04000002527

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The MOUNT
Mount St. Mary's College
Emmitsburg, Maryland

Accounting and Finance Office

January 17, 2005

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

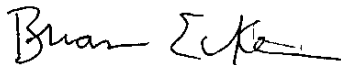
Re: 2005 Not-for-profit Corporation Annual Report

Dear Madam or Sir:

Here is the 2005 Not-for-profit Corporation Annual Report from Mount Saint Mary's University. A check for \$61.25 is included for the filing fee.

Please feel free to contact me at 301-447-5820 extension 4035 with any comments or questions. Thank you.

Sincerely,



Brian Ecker
Director of Accounting and Business Operations

/be

Enclosures: Report
Check #090750

disregard this notice

signature of the person who is authorized to sign the report is required for the filing fee to be accepted.

the report must be filed by the deadline of January 15, 2006.

if you have any questions, please call the Division of Corporations at 301-447-5820 extension 4035.