## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Jan 25, 2005 8:00 am **Secretary of State** DOCUMENT # N02000002159 1. Entity Name 01-25-2005 90033 001 \*\*\*\*66.25 OUR LADY OF FATIMA SEMINARIAN FUND, INC. Principal Place of Business Mailing Address 4107 DAHOON HOLLY CT BONITA SPRINGS FL 34134 28290 BEAUMONT RD BONITA SPRINGS FL 34134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 45-0473741 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUEGG, JOHN Street Address (P.O. Box Number is Not Acceptable) 4107 DAHOON HOLLY CT **BONITA SPRINGS FL 34134** Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD Bruce TITLE Change ☐ Delete TITLE Addition METZGER, WILLIAM NAME NAME 2122 JACARANDA CT STREET ADDRESS STREET ADDRESS NAPLES FL 34110 CITY-ST-ZIP CITY-ST-ZIP VPD TITLE ☐ Delete TITLE CULLY, JAMES NAME NAME 15287 BURNABY DRIVE STREET ADDRESS STREET ADDRESS NAPLES FL 34110 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition RUEGG, JACK NAME 4107 DAHOON HOLLY CT STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34134** CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition ZUCCARO, P.J. NAME NAME 9850 ORTEGA LANE STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34135** CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition MACDONALD, LEO NAME NAME 25071 GOLDCREST DR STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34134** CITY-ST-ZIP CITY-ST-78P TITLE ☐ Delete ☐ Change ☐ Addition TITLE MACDONALD, LEO NAME NAME 25071 GOLDCREST DR STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34134** CITY-ST-ZIP 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.

FILED