2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002159

Entity Name: OUR LADY OF FATIMA SEMINARIAN FUND, INC.

FILED May 10, 2009 Secretary of State

Current Principal Place of Business:		New Prince	New Principal Place of Business:	
	PRESS VIEW DR ERS, FL 33967			
Current Mailing Address:		New Maili	New Mailing Address:	
	OON HOLLY CT PRINGS, FL 34134			
In accordan	: 45-0473741 FEI Number Applied For() F ce with s. 607.193(2)(b), F.S., the corporation did not re I Address of Current Registered Agent:	•		
	OHN OON HOLLY CT PRINGS, FL 34134 US			
	named entity submits this statement for the purpered of Florida.	oose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered Agent		Date	
OFFICERS	S AND DIRECTORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete FEDOR, BRUCE 28171 WINTHROP CIR BONITA SPRINGS, FL 34134	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () Delete CULLY, JAMES 3000 WINDSWEPT DR. BONITA SPRINGS, FL 34135	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition CULLY, JAMES 9000 WINDSWEPT DR. BONITA SPRINGS, FL 34135	
Title: Name: Address: City-St-Zip:	TD () Delete RUEGG, JACK 4107 DAHOON HOLLY CT BONITA SPRINGS, FL 34134	Title: Name: Address: City-St-Zip:	TD (X) Change () Addition RUEGG, JOHN 4107 DAHOON HOLLY CT BONITA SPRINGS, FL 34134	
Title: Name: Address: City-St-Zip:	D () Delete ZUCCARO, P.J. 9850 ORTEGA LANE BONITA SPRINGS, FL 34135	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	S () Delete MACDONALD, LEO 25071 GOLDCREST DR BONITA SPRINGS, FL 34134	Title: Name: Address: City-St-Zip:	D (X) Change () Addition MACDONALD, LEO 25071 GOLDCREST DR BONITA SPRINGS, FL 34134	
Title: Name: Address: City-St-Zip:	D () Delete BISHOF, PEG P.O. BOX 4266 BONITA SPRINGS, FL 34133	Title: Name: Address: City-St-Zip:	S/D (X) Change () Addition BISCHOFF, M. M. P.O. BOX 2466 BONITA SPRINGS, FL 34133	

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: M. M. BISCHOFF S 05/10/2009