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FILED

May 16 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000002831 (3)

1. Corporation Name

SAINT MICHAEL'S COLLEGE, INC.

Principal Place of Business

Mailing Address

6617 MEMORIAL HWY  
TAMPA FL 336156617 MEMORIAL HWY  
TAMPA FL 33615-45013. Date Incorporated or Qualified  
05/29/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-3384022

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

81 Name

PAUL H COMBS

82 Street Address (P.O. Box Number is Not Acceptable)

6617 MEMORIAL HWY

83

84 City

TAMPA

FL

85 Zip Code

33615

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

PAUL H COMBS REV

PAUL H COMBS REV

4-29-97

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPST  
NAME COMBS, PAUL H REV  
STREET ADDRESS 6617 MEMORIAL HWY  
CITY-ST-ZIP TAMPA FL 336151.1 TITLE DPST  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE D  
NAME LEIGH, CHARLES M REV  
STREET ADDRESS 6617 MEMORIAL HWY  
CITY-ST-ZIP TAMPA FL 336152.1 TITLE D  
2.2 NAME COVER, GRANT, REV  
2.3 STREET ADDRESS 6617 MEMORIAL HWY  
2.4 CITY-ST-ZIP TAMPA FL, 33615TITLE D  
NAME DONAVAN, WILLIAM C  
STREET ADDRESS 6617 MEMORIAL HWY  
CITY-ST-ZIP TAMPA FL 336153.1 TITLE  
3.2 NAME DELLIS, CECILIA J. MOST REV.  
3.3 STREET ADDRESS 6617 MEMORIAL HWY  
3.4 CITY-ST-ZIP TAMPA FL, 33615TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP4.1 TITLE  
4.2 NAME RUSSELL, NORMAN H. MOST REV  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

PAUL H COMBS 4-29-97

815/889-9025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0048254

CR2E037 (9/96)