


FILE NOW: FILING FEE IS \$61.25

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99 SEP 27 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

009076

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000002831					
1. Corporation Name SAINT MICHAEL'S COLLEGE, INC.					
Principal Place of Business 6617 MEMORIAL HWY TAMPA FL 33615			Mailing Address 6617 MEMORIAL HWY TAMPA FL 33615		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/29/1996	
22 City & State		27 City & State		4. FEI Number 59-3384022	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
COMBS, PAUL 6617 MEMORIAL HWY TAMPA FL 33615				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. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME COMBS, PAUL H REV			1.2 NAME		
STREET ADDRESS 6617 MEMORIAL HWY			1.3 STREET ADDRESS		
CITY-ST-ZIP TAMPA FL 33615			1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME D			2.2 NAME		
STREET ADDRESS 426 CATSKILL AVENUE			2.3 STREET ADDRESS		
CITY-ST-ZIP BRENTWOOD PA 15227			2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME D			3.2 NAME		
STREET ADDRESS 6550 LEXINGTON DR, APT 230			3.3 STREET ADDRESS		
CITY-ST-ZIP BEAUMONT FL 77706			3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		



CR2E037 (1/98)

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: PAUL H. COMBS

8-31-99

813/889-9025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone