

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002831

FILED
May 02, 2004
Secretary of State**Entity Name:** SAINT MICHAEL'S COLLEGE, INC.**Current Principal Place of Business:**PO BOX 260473
TAMPA, FL 33685**New Principal Place of Business:****Current Mailing Address:**PO BOX 260473
TAMPA, FL 33685**New Mailing Address:****FEI Number:** 59-3384022**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**COMBS, PAUL
13504 GALENA PL.
TAMPA, FL 33626 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: COMBS, PAUL H REV
Address: 13504 GALENA PL.
City-St-Zip: TAMPA, FL 33626

Title: D () Delete
Name: NESMITH, MICHAEL
Address: 710 SALEM RD.
City-St-Zip: CLARKSVILLE, TN 37040

Title: D (X) Delete
Name: ELLIS, CECILIA J
Address: 6550 LEXINGTON DR, APT 230
City-St-Zip: BEAUMONT, FL 77706

Title: D () Delete
Name: LECLERC, PAMELA ANN
Address: 9236 ESTATE COVE CIR.
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PAUL H COMBS

P

05/02/2004

Electronic Signature of Signing Officer or Director

Date