## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Jan 16, 2008 08:00 A Secretary of State

DOCL	in/	ΙFΝ	IT #	720232	
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1. Entity Name

FRANCIS REALTY CORPORATION



Principal Place of Business

9401 BISCAYNE BLVD MIAMI SHORES, FL 33138 Mailing Address

9401 BISCAYNE BLVD MIAMI SHORES, FL 33138



01082008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-0865839 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

305-762-1030

6. Name and Address of Current Registered Agent

FITZGERALD, J. PATRICK 110 MERRICK WAY CORAL GABLES, FL 33134

SIGNATURE:

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	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financ Trust Fund Contribution.	ing 🖂	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOUCKAR, MICHAEL 9401 BISCAYNE BLVD. MIAMI, FL 33138							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAUGHAN, JOHN J. 9401 BISCAYNE BLVD MIAMI SHORES, FL 00000,				U00000786203 01/17/03-80031-008 61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HENNESSEY, WILLIAM 9401 BISCAYNE BOULEVARD MIAMI SHORES, FL			DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					, ·			
NAME STREET ADDRESS CITY-ST-ZIP								
12. Hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.								

John J. Vaughan

TED NAME OF SIGNING OFFICER OR DIRECTOR