

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90027 007 \*\*\*\*61.25

**DOCUMENT # 720711**

1. Entity Name

**SISTERS OF MERCY, CLOGHER, N. IRELAND AND FLORID  
A, INC.**

Principal Place of Business

**5392 SW 33RD AVE  
FORT LAUDERDALE FL 33312**

Mailing Address

**5392 SW 33RD AVE  
FORT LAUDERDALE FL 33312**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number **09-0073451**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WICH, JAMES J.  
SUITE 620 - CALIFORNIA FEDERAL TOWER  
2400 E COMMERCIAL BLVD  
FT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>O'ROURKE, COLETTE (SIS)</b>	
STREET ADDRESS	<b>5392 SW 33RD AVE</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33312</b>	

TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>MAGUIRE, ANASTASIA (SIS)</b>	
STREET ADDRESS	<b>5392 SW 33RD AVE</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33312</b>	

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MCMANUS, PATRICIA</b>	
STREET ADDRESS	<b>5392 SW 33RD AVE</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33312</b>	

TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>SHERRY, JOSEPHINE (SIS)</b>	
STREET ADDRESS	<b>3751 S W 39TH ST</b>	
CITY-ST-ZIP	<b>W HOLLYWOOD FL</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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.

**SIGNATURE:** Colette O'Rourke (SISTER COLETTE O'ROURKE ST) 1/4/02 964-989-8291

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)