

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735712 (2)
1. Corporation Name

ST. FRANCIS RESIDENCE, INC.



Principal Place of Business: 3003 W. Dr. M.L.K., Jr., Blvd. Tampa, FL 33607 US
Mailing Address: Legal Services Dept. 3003 W. Dr. M.L.K., Jr., Blvd. Tampa, FL 33607 US

3. Date Incorporated or Qualified: 05/03/76
3a. Date of Last Report: 05/01/95
4. FEI Number: 59-1631325 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (1) 2a. Mailing Address (26)
Suite, Apt. #, etc. (2) Suite, Apt. #, etc. (27)
City & State (3) City & State (28)
Zip (4) Country (25) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
BIEBEL, JOHN
3003 W MARTIN LUTHER KING JR BLVD
TAMPA FL 33607

10. Name and Address of New Registered Agent
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: *John Biebel* (Signature, typed or printed name of registered agent and title if applicable) DATE: 4/30/96 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	Biebel, John	
STREET ADDRESS	3003 W. Dr. M.L. King Jr., Blvd.	
CITY - ST - ZIP	Tampa, FL 33607	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	Scott, Charles F.	
STREET ADDRESS	3003 W. Dr. M.L. King Jr., Blvd.	
CITY - ST - ZIP	Tampa, FL 33607	
TITLE	EVP/D	<input type="checkbox"/> DELETE
NAME	Mallah, Isaac	
STREET ADDRESS	3003 W. Dr. M.L. King Jr., Blvd.	
CITY - ST - ZIP	Tampa, FL 33607	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	Pitisci, Gilbert	
STREET ADDRESS	3003 W. Dr. Martin Luther King Jr., Blvd.	
CITY - ST - ZIP	Tampa, FL 33607	
TITLE	T/D	<input type="checkbox"/> DELETE
NAME	Chaw, Gary W.	
STREET ADDRESS	3003 W. Dr. Martin Luther King Jr., Blvd.	
CITY - ST - ZIP	Tampa, FL 33607	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	Shumaker, Revonda L.	
STREET ADDRESS	1200 7th Avenue North	
CITY - ST - ZIP	St. Petersburg, FL 33705	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Asst. Sec.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Jackson, Sandra	
13 STREET ADDRESS	3003 W. Dr. Martin Luther King Jr., Blvd.	
14 CITY - ST - ZIP	Tampa, FL 33607	
21 TITLE	Asst. Sec.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Curd, Gilian	
23 STREET ADDRESS	1200 7th Avenue North	
24 CITY - ST - ZIP	St. Petersburg, FL 33705	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *John Biebel* (Signature, typed or printed name of signing officer or director) DATE: 4/30/96 DAYTIME PHONE: 813/870-4240

MS 5/1/96