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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **745780** (7)
1. Corporation Name
ST. CATHERINE LABOURE MANOR, INCORPORATED

Principal Place of Business 1750 STOCKTON STREET JACKSONVILLE FL 32204 US	Mailing Address 1750 STOCKTON STREET JACKSONVILLE FL 32204 US
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3. Date Incorporated or Qualified

02/01/1979

4. FEI Number

59-1878316

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARVEY GRANGER
1301 RIVERPLACE BLVD., STE.1700
JACKSONVILLE FL 32207**

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

TITLE	AS	☒ DELETE
NAME	THOMAS, MARGARET	
STREET ADDRESS	1801 BARRS ST. STE 5747	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	EVPD	☐ DELETE
NAME	LOGUE, JOHN W	
STREET ADDRESS	1800 BARRS STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	

TITLE	CD	☐ DELETE
NAME	EISENBERGER, SISTER E	
STREET ADDRESS	1800 BARRS ST	
CITY-ST-ZIP	JACKSONVILLE, FL 0	

TITLE	VCD	☐ DELETE
NAME	WISNEWSKI, DESALES (SIS	
STREET ADDRESS	1800 BARRS ST.	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	STD	☐ DELETE
NAME	GILMAN, SISTER GLORIA	
STREET ADDRESS	1800 BARRS ST.	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	AT	☐ DELETE
NAME	DYORAK, ROBERT M	
STREET ADDRESS	1801 BARRS STREET	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	☐ Change ☒ Addition
1.2 NAME	John J. Maher	
1.3 STREET ADDRESS	1800 Barrs Street	
1.4 CITY-ST-ZIP	Jacksonville, FL 32204	

2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: **John W. Logue, Executive Vice President** *James Logue* 904-308-8446

CR2E037 (10/97)

1998 Annual Report
Document #745780 (7)
ST. CATHERINE LABOURE' MANOR, INCORPORATED

#13 (Continued)

D
SISTER MAUREEN DELAHUNT, D.C.
1800 Barrs Street
Jacksonville, FL 32204

D
J. EUGENE GLENN, M.D.
1800 Barrs Street
Jacksonville, FL 32204

D
JOHN J. LENNON
1800 Barrs Street
Jacksonville, FL 32204

D
MICHAEL CASONE
1800 Barrs Street
Jacksonville, FL 32204