

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 750025 (9)

1. Corporation Name  
**PRIESTS OF THE SACRED HEART, INC.**



Principal Place of Business: 6701-82ND AVENUE NORTH, PINELLAS PARK FL 34665  
Mailing Address: 6701-82ND AVENUE NORTH, PINELLAS PARK FL 34665

3. Date Incorporated or Qualified: 12/03/1979  
3a. Date of Last Report: 01/26/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-1951186	Applied For: <input type="checkbox"/> Not Applicable: <input type="checkbox"/>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>DIVITO, JOHN J. (ESQUIRE) 4514 CENTRAL AVENUE ST. PETERSBURG FL 33711</b>	10. Name and Address of New Registered Agent
	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: TD	NAME: SCHAAD, JEROME (REV)	1.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: SACRED HEART MONASTERY	CITY-ST-ZIP: HALES CORNER WI	1.2 NAME:	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS:	
TITLE: SD	NAME: MURPHY, DANIEL P	1.4 CITY-ST-ZIP:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: 6701 82ND AVENUE NORTH	CITY-ST-ZIP: PINELLAS PARK FL 34665	2.1 TITLE:	
	<input type="checkbox"/> DELETE	2.2 NAME:	
TITLE: PD	NAME: GARVEY, THOMAS J.	2.3 STREET ADDRESS:	
STREET ADDRESS: SACRED HEART MONASTERY	CITY-ST-ZIP: HALES CORNERS WI	2.4 CITY-ST-ZIP:	Change: <input checked="" type="checkbox"/> Addition: <input type="checkbox"/>
	<input checked="" type="checkbox"/> DELETE	3.1 TITLE:	
TITLE:	NAME:	3.2 NAME:	
STREET ADDRESS:	CITY-ST-ZIP:	3.3 STREET ADDRESS:	
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
TITLE:	NAME:	4.1 TITLE:	
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS:	
TITLE:	NAME:	4.4 CITY-ST-ZIP:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	5.1 TITLE:	
	<input type="checkbox"/> DELETE	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
	<input type="checkbox"/> DELETE	6.1 TITLE:	
TITLE:	NAME:	6.2 NAME:	
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	
	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>

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: *Daniel P. Murphy* January 17, 1996 (813) 541-2661  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)