

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N22491** (7)

1. Corporation Name
ST. JOSEPH RESIDENCE, INC.



Principal Place of Business: **3485 N.W. 30TH STREET LAUDERDALE LAKES FL 33311**
Mailing Address: **3485 N.W. 30TH STREET LAUDERDALE LAKES FL 33311**

3. Date Incorporated or Qualified: **09/15/1987**
3a. Date of Last Report: **03/15/1995**
4. FEI Number: **65-0032474**
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: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **27**
City & State: **28**
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent: **FITZGERALD, J. PATRICK ESQUIRE 110 MERRICK WAY, SUITE 2-C CORAL GABLES FL 33134**
10. Name and Address of New Registered Agent: **81 Name: [Blank] 82 Street Address (P.O. Box Number is Not Acceptable): 110 Merrick Way, Suite 3B 83 [Blank] 84 City: FL 85 Zip Code: [Blank]**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENNEKAMP, TOM	12 NAME	
STREET ADDRESS	1434 SOUTH MIAMI AVENUE	13 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	14 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, BROTHER PAUL	22 NAME	
STREET ADDRESS	C/O 726 NW. 1 AVENUE	23 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	24 CITY - ST - ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENNESSEY, WILLIAM, REV.	32 NAME	
STREET ADDRESS	5601 S FLAMINGO ROAD	33 STREET ADDRESS	c/o 9401 Biscayne Blvd.
CITY - ST - ZIP	FT. LAUDERDALE FL	34 CITY - ST - ZIP	MIAMI SHORES, FL 33138
TITLE	EV <input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITTAKER, KENNETH D. REV.	42 NAME	
STREET ADDRESS	7525 NW. 2 AVENUE	43 STREET ADDRESS	Honold, Thomas G.
CITY - ST - ZIP	MIAMI FL	44 CITY - ST - ZIP	c/o 1050 N.E. 125 Street
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHAN, JOHN J REV.	52 NAME	
STREET ADDRESS	C/O 9401 BISCAYNE BOULEVARD	53 STREET ADDRESS	
CITY - ST - ZIP	MIAMI SHORES FL	54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		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: *Thomas G. Honold* Thomas G. Honold (954) 739-6233 ext 222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)