

FILE NOW: FILING FEE IS \$61.25

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Mar 26 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 # 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
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3. Date Incorporated or Qualified 09/15/1987		
4. FEI Number 65-0032474	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**FITZGERALD, J. PATRICK ESQUIRE
110 MERRICK WAY, SUITE 3-B
CORAL GABLES FL 33134**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PENNEKAMP, TOM 1434 SOUTH MIAMI AVENUE MIAMI FL	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD JOHNSON, BROTHER PAUL C/O 728 NW. 1 AVENUE MIAMI FL	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VTD HENNESSEY, WILLIAM, REV. C/O 9401 BISCAYNE BLVD MIAMI SHORES FL	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	EVD HONOLD, THOMAS G. C/O 1050 NE 1257 ST N MIAMI FL	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D VAUGHAN, JOHN J REV C/O 9401 BISCAYNE BOULEVARD MIAMI SHORES FL	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition

1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
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: *Thomas G. Honold* Thomas G. Honold 2/18/98 325 891-8850 x 6203

CR2E037 (10/97)