

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 16 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04/23/2000 90031-047-7000

DOCUMENT # N22491

1. Entity Name
ST. JOSEPH RESIDENCE, INC.

Principal Place of Business Mailing Address
3485 N.W. 30TH STREET 3485 N.W. 30TH STREET
LAUDERDALE LAKES FL 33311 LAUDERDALE LAKES FL 33311-1890

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
65-0032474 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO PENNEKAMP, TOM <input type="checkbox"/> Delete 1434 SOUTH MIAMI AVENUE MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, BROTHER PAUL <input checked="" type="checkbox"/> Delete C/O 726 NW. 1 AVENUE MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HENNESSEY, WILLIAM, REV. <input type="checkbox"/> Delete C/O 9401 BISCAYNE BLVD MIAMI SHORES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD HONOLD, THOMAS G. <input checked="" type="checkbox"/> Delete C/O 1050 NE 125T ST N MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAUGHAN, JOHN J REV <input checked="" type="checkbox"/> Delete C/O 9401 BISCAYNE BOULEVARD MIAMI SHORES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1436 South Miami Avenue
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Joseph M. Catania <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 291 NW 43 Avenue Coconut Creek, FL 33066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED CATANIA, PRES. 4-10-00 954-484-1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE037 (9/99)

FLORIDA DEPARTMENT OF STATE
2000 UNIFORM BUSINESS REPORT
ATTACHMENT - DIRECTORS OF CORPORATION

#N22491
643216

D
Rev. Thomas G. Honold
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Most Rev. Thomas Wenski
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