

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N42940 (9)
1. Corporation Name
FRANCISCAN CENTER, TAMPA, FLORIDA, INC.

Principal Place of Business 3010 PERRY AVENUE TAMPA FL 33603	Mailing Address 3010 PERRY AVENUE TAMPA FL 33603
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 04/12/1991	3a. Date of Last Report 03/18/1994
4. FEI Number 59-1356360	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**MARQUARDT, EMIL C. JR.
400 CLEVELAND STREET
SUITE 800
CLEARWATER FL 34615**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOCHSCHWENDER, MARY C.	12 NAME	
STREET ADDRESS	2955 KNIGHTS AVENUE	13 STREET ADDRESS	
CITY ST. ZIP	TAMPA FL	14 CITY ST. ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIEBEL, JILL	22 NAME	
STREET ADDRESS	2802 CARROLL LAKE ST	23 STREET ADDRESS	
CITY ST. ZIP	TAMPA FL	24 CITY ST. ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEADY, SR. MARY ELLEN	32 NAME	
STREET ADDRESS	631 11TH ST. NO.	33 STREET ADDRESS	
CITY ST. ZIP	ST. PETERSBURG FL	34 CITY ST. ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEW, BOB	42 NAME	
STREET ADDRESS	4124 WINDERMERE PLACE	43 STREET ADDRESS	
CITY ST. ZIP	SARASOTA FL	44 CITY ST. ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNALLY, SR. MARY	52 NAME	
STREET ADDRESS	2924 W. CURTIS	53 STREET ADDRESS	
CITY ST. ZIP	TAMPA FL	54 CITY ST. ZIP	
TITLE	D	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOREHAND, HARRY B JR.	62 NAME	
STREET ADDRESS	902 GOLF VIEW AVENUE	63 STREET ADDRESS	
CITY ST. ZIP	TAMPA FL	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 110.07(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: *Mary Cornelia Hochschwender* March 8, 1995 837-1302
Mary Cornelia Hochschwender, Chairman of the Board Date Date