

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

**FILED**

**Feb 26 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>3010 PERRY AVENUE TAMPA FL 33603</b>	Mailing Address <b>3010 PERRY AVENUE TAMPA FL 33603</b>
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3. Date Incorporated or Qualified <b>04/12/1991</b>	
4. FEI Number <b>59-1356360</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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**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 <b>FL</b>

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 relating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>D</b>	<input checked="" type="checkbox"/>
NAME	<b>HOCHSCHWENDER, MARY C.</b>	
STREET ADDRESS	<b>2955 KNIGHTS AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>BIEBEL, JILL</b>	
STREET ADDRESS	<b>2602 CARROLL LAKE ST</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>KEADY, SR. MARY ELLEN</b>	
STREET ADDRESS	<b>631 11TH ST. NO.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>LEW, BOB</b>	
STREET ADDRESS	<b>4124 WINDERMERE PLACE</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>MCNALLY, SR. MARY</b>	
STREET ADDRESS	<b>2924 W. CURTIS</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>CD</b>	<input checked="" type="checkbox"/>
NAME	<b>STEFAN ANDRES</b>	
STREET ADDRESS	<b>1050 STARKEY RD</b>	
CITY-ST-ZIP	<b>LARGO FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>D</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	<b>Hochschwender, Ellen</b>		
1.3 STREET ADDRESS	<b>4213 Sevilla Street</b>		
1.4 CITY-ST-ZIP	<b>Tampa, FL 33629</b>		
2.1 TITLE	<b>President CD</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<b>Biebel, Jill</b>		
2.3 STREET ADDRESS	<b>2602 Carroll Lake Street</b>		
2.4 CITY-ST-ZIP	<b>Tampa, FL 33618</b>		
3.1 TITLE	<b>D</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	<b>Strenski, Jane</b>		
3.3 STREET ADDRESS	<b>10114 Lake Cove Lane</b>		
3.4 CITY-ST-ZIP	<b>Tampa, FL 33618</b>		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *Jill Biebel* 1-15-98 219-2195

CR2E037 (10/97)