2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004
Secretary of State

DOCUMENT# N42940

Entity Name: FRANCISCAN CENTER, TAMPA, FLORIDA, INC.

Current Principal Place of Business:

3010 PERRY AVENUE
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

3010 PERRY AVENUE
TAMPA, FL 33603

New Mailing Address:

FEI Number: 59-1356360 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAHILL, CATHERINE SR.
3010 PERRY AVENUE
TAMPA, FL 33603

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HOCHSCHWENDER, ELLEN
Address: 4213 SEVILLA STREET
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete
Name: CAHILL, CATHERINE SIS
Address: 3010 PERRY AVENUE
City-St-Zip: TAMPA, FL 33603

Title: D ( ) Delete
Name: ROCK, JOANNE
Address: 502 S WILLOW 4
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete
Name: LIVINGSTON, PATRICIA
Address: 2 ADALIA AVENUE #501
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete
Name: STAGNARO, KATHLEEN M OSF
Address: 631 11TH ST N
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: D ( ) Delete
Name: STRENSKI, JAMES B
Address: 1200 GULF BLVD., #1205
City-St-Zip: CLEARWATER BEACH, FL 33767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE CAHILL D 01/26/2004

Electronic Signature of Signing Officer or Director Date