

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42940

FILED  
Jan 19, 2009  
Secretary of State

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      US

**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 exemption stated in Chapter 119, 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

01/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date