


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90180 028 ****70.00

DOCUMENT # N42940
1. Entity Name
FRANCISCAN CENTER, TAMPA, FLORIDA, INC.



Principal Place of Business
**3010 PERRY AVENUE
TAMPA FL 33603**

Mailing Address
**3010 PERRY AVENUE
TAMPA FL 33603**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1356360** Applied For
Not Applicable

5. Certificate of Status Desired **A** **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HOCHSCHWENDER, ELLEN	
STREET ADDRESS	4213 SEVILLA STREET	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAHILL, CATHERINE SIS	
STREET ADDRESS	3010 PERRY AVENUE	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	<input checked="" type="checkbox"/> D	<input type="checkbox"/> Delete
NAME	ROCK, JOANNE	
STREET ADDRESS	502 S WILLOW 4	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIVINGSTON, PATRICIA	
STREET ADDRESS	2 ADALIA AVENUE #501	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCNALLY, SR. MARY	
STREET ADDRESS	2924 W. CURTIS	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROONEY, M CARLENE SIS	
STREET ADDRESS	631 11TH STREET NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Catharine DeMare	
STREET ADDRESS	14702 Clarendon Drive	
CITY-ST-ZIP	Tampa, FL 33624	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sister Susan McGillicuddy, OSF	
STREET ADDRESS	631 11th Street	
CITY-ST-ZIP	St. Petersburg, FL 33705-1409	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sister Dolores O'Brien, OSF	
STREET ADDRESS	10049 82nd Street N.	
CITY-ST-ZIP	Largo, FL 33777	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles T. O'Neill	
STREET ADDRESS	13719 Chestersall Drive	
CITY-ST-ZIP	Tampa, FL 33624	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sister M. Kathleen Stagnaro, OSF	
STREET ADDRESS	631 11th Street N.	
CITY-ST-ZIP	St. Petersburg, FL 33705	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James B. Strenski	
STREET ADDRESS	1200 Gulf Boulevard, #1205	
CITY-ST-ZIP	Clearwater Beach, FL 33767	

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

3-6-03 813 2292695

CR2E037 (10/02)

Attachment

1142940
80051123

ADDENDUM to Block 11: Additions/Changes to Officers and Directors in 10

Title Name Street Address City-ST-Zip	D David Snyder 3905 Turnbury Street Valrico, FL 33594	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Addition
Title Name Street Address City-ST-Zip		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Title Name Street Address City-ST-Zip	D David Szymanski 16271 Northdale Oaks Drive Tampa, FL 33624-1315	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Title Name Street Address City-ST-Zip	D Jeff Wagner 5811 Idle Forest Place Tampa, FL 33614	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Title Name Street Address City-ST-Zip	D Dale S. Webbber, Esq. 401 E. Jackson Street, Ste 2500 Tampa, FL 33602	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Title Name Street Address City-ST-Zip	D Jane Link-Zahn 5000 Coquina Key Drive, S.E. St. Petersburg, FL 33705	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Title Name Street Address City-ST-Zip		<input type="checkbox"/> Change	<input type="checkbox"/> Addition