

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 28 PM 6:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000003142 (6)**

1. Corporation Name

PARISH HEALTH INDUSTRIES, INC.

Principal Place of Business

Mailing Address

2911 DEL PRADO BLVD.
CAPE CORAL F: 33904

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CAPE CORAL F: 33904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/24/1994

3a. Date of Last Report
N/A

4. FEI Number
65-0543131

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

29 Zip

25 Country

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'BRIEN, ROBERT
2911 DEL PRADO BLVD.
CAPE CORAL F: 33904

81 Name **SUSAN T LORETI**

82 Street Address (P.O. Box Number Is Not Acceptable)
134 SW 52nd TER

83

84 City **CAPE CORAL**

FL

85 Zip Code
33914

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 Susan T Loreti SUSAN T. LORETI 4-24-95

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **BENNINGER, ROBERT**
STREET ADDRESS **5716 FLAMINGO DRIVE**
CITY - ST - ZIP **CAPE CORAL FL 33904**

1.1 TITLE **d/d** Change Addition
1.2 NAME **SUSAN T. LORETI**
1.3 STREET ADDRESS **134 SW 52nd TER**
1.4 CITY - ST - ZIP **CAPE CORAL, FL 33914**

TITLE **D**
NAME **CHIDLEY, MARK REV.**
STREET ADDRESS **229 SW 35TH STREET**
CITY - ST - ZIP **CAPE CORAL FL 33904**

2.1 TITLE **s/d** Change Addition
2.2 NAME **RICHARD TRACOMBER**
2.3 STREET ADDRESS **3727 SE 17 AVE**
2.4 CITY - ST - ZIP **CAPE CORAL, FL 33990**

TITLE **D**
NAME **COHEN, RABBI A**
STREET ADDRESS **702 SE 24TH AVENUE**
CITY - ST - ZIP **CAPE CORAL FL 33990**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **D**
NAME **DEAN, DARLENE**
STREET ADDRESS **5511 SW 12TH PLACE**
CITY - ST - ZIP **CAPE CORAL FL 33914**

4.1 TITLE **D** Change Addition
4.2 NAME **LINDA PATTIEREW**
4.3 STREET ADDRESS **50 TIMBERLAND CIRCLE SO**
4.4 CITY - ST - ZIP **FT MYERS, FL 33919**

TITLE **D**
NAME **ESKEN, HENRY**
STREET ADDRESS **3508 SE 10TH AVENUE**
CITY - ST - ZIP **CAPE CORAL FL 33904**

5.1 TITLE **D** Change Addition
5.2 NAME **Rev. James McWHITANIE**
5.3 STREET ADDRESS **13 SE 26 PL**
5.4 CITY - ST - ZIP **CAPE CORAL, FL 33990**

TITLE **D**
NAME **KAINRAD, DAVID**
STREET ADDRESS **832 SW 4TH PLACE**
CITY - ST - ZIP **CAPE CORAL FL 33991**

6.1 TITLE **D/T** Change Addition
6.2 NAME **Virderie B. KAMINSKA**
6.3 STREET ADDRESS **1441 SE 43 ST**
6.4 CITY - ST - ZIP **CAPE CORAL, FL 33904**

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)(b), 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: Susan T Loreti SUSAN T LORETI 4-24-95 813.574-0146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

Daytime Phone #