

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90061 002 \*\*\*\*70.00

**DOCUMENT # N98000007291**

1. Corporation Name

**ST. ANNE'S GARDENS, INC.**

Principal Place of Business  
 9401 BISCAYNE BOULEVARD  
 MIAMI SHORES FL 33138

Mailing Address  
 9401 BISCAYNE BOULEVARD  
 MIAMI SHORES FL 33138



2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	12/28/1998	
22	City & State	27	City & State	4. FEI Number	Applied For / Not Applicable
23	Zip	28	Country	65-0895598	
24	Country	29	Country	5. Certificate of Status Desired	\$8.75-Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
J. PATRICK FITZGERALD, ESQUIRE 110 MERRICK WAY SUITE 3-B CORAL GABLES FL 33134				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REV. MSGR. JOHN J. VAUGHAN	1.2 NAME	
STREET ADDRESS	9401 BISCAYNE BOULEVARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL 33138	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REV. MSGR. WILLIAM J. HENNESSEY	2.2 NAME	
STREET ADDRESS	9401 BISCAYNE BOULEVARD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL 33138	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HONOLD, THOMAS G REV.	3.2 NAME	
STREET ADDRESS	1050 N.E. 125 STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33161	3.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATANIA, JOSEPH M	4.2 NAME	
STREET ADDRESS	9401 BISCAYNE BOULEVARD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL 33138	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, ARNALDO	5.2 NAME	
STREET ADDRESS	9401 BISCAYNE BOULEVARD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL 33138	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIN, TOMAS M REV.	6.2 NAME	
STREET ADDRESS	9401 BISCAYNE BOULEVARD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL 33138	6.4 CITY-ST-ZIP	

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 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 Section 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_ 1/27/99 (305) 762-1061  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)