NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

**DIVISION OF CORPORATIONS** 

1996

P14674

(6)

DOCUMENT # SOCIETY OF FRANCISCAN FATHERS OF GREENE, MAINE, **INCORPORATED** 

SOCIETY OF FRANCISCAN FATHERS OF GREENE, MAINE, INCORPORATED							
incipal Place of	f Business	Mailing Address					
FRANCISCAN M P.O. BOX 980	IONASTERY	FRANCISCAN MONASTE P.O. BOX 980	RY				
P.O. BOX 390 KENNEBUNKPORT ME 04046-0980		KENNEBUNKPORT ME 04046-0980		3. Date Incorporated or Qualified 06/02/1987	3a. Date of La 04/20/		
Principal Plac	e of Business	2a. Mailing Address			4. FEI Number 22-2288242		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		\$8.75 Additions		75 Additional	
		City & State			6. Election Campaign Financing	_ \$5	e Required .00 May Be
City & State		28	T		Trust Fund Contribution	LJ Ad	ded to Fees
Zip	Country	Zip 29	Country 30			Yes 🗹 No	5. 155,002,
	25 9. Name and Address of Currer		130		10. Name and Address of New R	legistered Agent	
	5. Namo and Addition		81	Name			
ROPOLAS, STEPHEN 555 68TH AVENUE ST. PETERSBURG BEACH FL 33706				Street Address (P.O. Box Number is Not Acceptable)			
			83				
• • • • • • • • • • • • • • • • • • • •			84	City		FL 85	Zip Code
		2 and 617.1508, Florida Statut ida. Such change was authori tion 617.0503, Florida Statute		named corpor poration's boar	ration submits this statement for the pu rd of directors. I hereby accept the app	rpose of changing I pointment as registe	ts registered offi red agent. I am
familiar witl	n, and accept the obligations of, Sec						
familiar witt				ent signature require	od when reinstating)	DATE	
familiar with S	Signature, typed or printed name of registered ager	nt and title if applicable (N	OTE Registered Age	ent signature require	nd when reinstating) ADDITIONS/CHANGES TO OFF	FICERS AND DIREC	
familiar with	Signature, typed or printed name of registered ager		OTE Registered Age	ent signature require	nd when reinstatings ADDITIONS/CHANGES TO OFF		
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