

FILE NOW: FILING FEE IS \$61.25

FILED  
May 29 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **771312** (6)

1. Corporation Name

**OUR LADY OF FATIMA OF SPRING HILL, INC.**

Principal Place of Business

Mailing Address

**10401 SPRING HILL DR.  
SPRING HILL FL 34808**

**10401 SPRING HILL DR.  
SPRING HILL FL 34808-5958**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/18/1983</b>		3a. Date of Last Report <b>04/19/1996</b>	
21		26		4. FEI Number <b>59-2556533</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
City & State		City & State		28		30	
Zip		Country		Zip		Country	
24		25		29		30	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MULLANE, JOSEPH F.X  
12213 CAMP CREEK LANE  
BEACON WOODS  
BAYONET POINT FL 34667**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MULLANE, JOSEPH F X</b>	1.2 NAME	
STREET ADDRESS	<b>12213 CAMP CREEK LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BAYONET POINT FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DM</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DONALDSON, BILL</b>	2.2 NAME	
STREET ADDRESS	<b>12908 WILLOUGHBY LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HUDSON FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HILLEBRAND, REV P W</b>	3.2 NAME	
STREET ADDRESS	<b>10401 SPRING HILL DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DS</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CANTER, JIM</b>	4.2 NAME	
STREET ADDRESS	<b>2010 ESCOBAR AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SPRING HILL FL 34808</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAILLANCOURT, REV K</b>	5.2 NAME	
STREET ADDRESS	<b>3914 N LIDGERWOOD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SPOKANE WA</b>	5.4 CITY-ST-ZIP	
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CANTER, JIM</b>	6.2 NAME	
STREET ADDRESS	<b>5638 OAK RIDGE AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PT RICHEY FL</b>	6.4 CITY-ST-ZIP	

14. I do 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 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:

*Joseph F. X. Mullane*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/22/97* *813-868-0166*  
Date Daytime Phone # **0066466**

CR2E037 (9/96)