


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000004090 (3)**

1. Corporation Name

ST. JOSEPH BENEVOLENT ALLIANCE INC.



Principal Place of Business 34 CORDOVA ST ST AUGUSTINE FL 32084	Mailing Address 34 CORDOVA ST ST AUGUSTINE FL 32084	3. Date Incorporated or Qualified 07/18/1997
		4. FEI Number 59-3334865
		Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 34 Cordova St Suite, Apt. #, etc.	2a. Mailing Address 26 34 Cordova St. Suite, Apt. #, etc.
22 St. Augustine, FL City & State	27 St. Augustine, FL City & State
23 32084 Zip	28 St. Augustine, FL Zip
24 St. Johns Country	29 32084 Country
30 St. Johns Country	

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	9. Name and Address of Current Registered Agent SEGUI, DONALD J 34 CORDOVA ST ST AUGUSTINE FL 32084	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 **Donald J. Segui** **DONALD J. SEGUI** DATE **4/15/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	President
STREET ADDRESS		1.3 STREET ADDRESS	Marci D. Segui
CITY-ST-ZIP		1.4 CITY-ST-ZIP	34 Cordova St
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Sec. Treas.
STREET ADDRESS		2.3 STREET ADDRESS	Emma K. Segui
CITY-ST-ZIP		2.4 CITY-ST-ZIP	34 Cordova St
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Sidney James Caldwell
STREET ADDRESS		3.3 STREET ADDRESS	4131, 185th St, Lot 222
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Jacksonville, FL, 32244
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: **Marci D. Segui** **MARCI D. SEGUI** **4/15/98** **(904) 808-0807**

CR2E037 (10/97)