

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 23, 1999 8:00 am  
Secretary of State

03-23-1999 90037 032 \*\*\*\*70.00

DOCUMENT # P00765

1. Corporation Name

UNIVERSITY OF ST. FRANCIS CORPORATION

Principal Place of Business

500 N. WILCOX STREET  
JOLIET IL 60435

Mailing Address

500 N. WILCOX STREET  
JOLIET IL 60435



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

01/31/1984

4. FEI Number

36-2170999

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCOY, JANICE  
3330 SPARTANA AVE.  
MERRITT ISLAND FL 32953

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	P	<input type="checkbox"/> DELETE
NAME	MURPHY, CAROLYN	
STREET ADDRESS	500 N. WILCOX STREET	
CITY-ST-ZIP	JOLIET IL 60435	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BARON, ROBERT	
STREET ADDRESS	500 N. WILCOX STREET	
CITY-ST-ZIP	JOLIET IL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DOPPKE, DR. JAMES A.	
STREET ADDRESS	500 N. WILCOX STREET	
CITY-ST-ZIP	JOLIET IL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BROWN, MICHAEL J.	
STREET ADDRESS	500 N. WILCOX STREET	
CITY-ST-ZIP	JOLIET IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MANNER, JOHN	
STREET ADDRESS	500 N. WILCOX STREET	
CITY-ST-ZIP	JOLIET IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLAVIN, THOMAS	
STREET ADDRESS	500 N. WILCOX STREET	
CITY-ST-ZIP	JOLIET IL 60435	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	J. Bradley Webb
2.3 STREET ADDRESS	500 N. Wilcox Street
2.4 CITY-ST-ZIP	Joliet IL 60435
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:

*Signature Required*

01/18/99

(815) 740-3369

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-(11/98)

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September 1998

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