

Entity Name

SISTERS OF MERCY OF THE AMERICAS, INCORPORATED

Principal Place of Business

8300 COLESVILLE ROAD, #300
SILVER SPRINGS MD 20910

Mailing Address

8300 COLESVILLE ROAD, #300
SILVER SPRINGS MD 20910-3296

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

52-1653282

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEYERS, JUDITH
4725 N. FEDERAL HWY
FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	☐ Delete
NAME	CHIN, MARIE	
STREET ADDRESS	8300 COLESVILLE ROAD, #300	
CITY-ST-ZIP	SILVER SPRINGS MD	
TITLE	D	☒ Delete
NAME	LOWRY, MAUREEN	
STREET ADDRESS	8300 COLESVILLE ROAD, #300	
CITY-ST-ZIP	SILVER SPRINGS MD	
TITLE	PCD	☒ Delete
NAME	GOTTEMOELLER, DORIS	
STREET ADDRESS	8300 COLESVILLE ROAD #300	
CITY-ST-ZIP	SILVER SPRINGS FL	
TITLE	D	☐ Delete
NAME	VERA, MARIE LUISA	
STREET ADDRESS	8300 COLESVILLE ROAD, #300	
CITY-ST-ZIP	SILVER SPRINGS MD	
TITLE	ST	☒ Delete
NAME	WASKOWIAK, MARY	
STREET ADDRESS	8300 COLESVILLE ROAD, #300	
CITY-ST-ZIP	SILVER SPRINGS MD	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	☒ Change ☐ Addition
NAME		
STREET ADDRESS	8300 COLESVILLE ROAD, #300	
CITY-ST-ZIP	SILVER SPRINGS MD	
TITLE	D	☐ Change ☒ Addition
NAME	Carney, Sheila	
STREET ADDRESS	8300 Colesville Rd Suite 300	
CITY-ST-ZIP	Silver Spring MD	
TITLE	Vice President	☐ Change ☒ Addition
NAME	Burns, Helen Marie	
STREET ADDRESS	8300 Colesville Road Suite 300	
CITY-ST-ZIP	Silver Spring MD	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	☐ Change ☒ Addition
NAME	McDermott, Patricia	
STREET ADDRESS	8300 Colesville Road Suite 300	
CITY-ST-ZIP	Silver Spring MD	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/00

(301) 587-0423

FILED

00 APR 10 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E037 (9/99)