

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765372

FILED
Apr 11, 2014
Secretary of State
CC4441872796

Entity Name: ALLEGANY FRANCISCAN MINISTRIES, INC.

Current Principal Place of Business:

33920 US HWY 19 N
269
PALM HARBOR, FL 34684

Current Mailing Address:

33920 US HWY 19 N
269
PALM HARBOR, FL 34684 US

FEI Number: 58-1492325

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOYLE, EILEEN
33920 US HWY 19 N
#269
PALM HARBOR, FL 34684 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VC
Name TAPP, WILLIAM
Address 33920 US HWY 19 N
City-State-Zip: PALM HARBOR FL 34684

Title D
Name KIMMINS, MARGARET MARY OSF
Address 33920 US HWY 19 N
City-State-Zip: PALM HARBOR NY 34684

Title PRESIDENT, CEO
Name BOYLE, EILEEN C
Address 33920 US HWY 19 N
City-State-Zip: PALM HARBOR FL 34684

Title CHAIRMAN
Name STREVA, JO OSF
Address 33920 US HIGHWAY 19 N
City-State-Zip: PALM HARBOR FL 34684

Title V
Name MILANES, MIGUEL A
Address 1900 BISCAYNE BLVD
City-State-Zip: MIAMI FL 33132

Title SECRETARY
Name GREENE, KIM
Address 33920 US HWY 19 N
269
City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR
Name DAWSON, JOAN
Address 33920 US HWY 19 N
269
City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR
Name GORSKI, PETER
Address 33920 US HWY 19 N
269
City-State-Zip: PALM HARBOR FL 34684

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EILEEN C BOYLE

PRESIDENT

04/11/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HADDAD, ODETTE
Address 33920 US HWY 19 N
269
City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR
Name KANE, DONNA
Address 33920 US HWY 19 N
269
City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR
Name ROBONIE, ANNE
Address 33920 US HWY 19 N
269
City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR
Name WATTS, HOWARD
Address 33920 US HWY 19 N
269
City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR
Name JOHNSON, LISA
Address 33920 US HWY 19 N
269
City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR
Name LAVENDER, CARL
Address 33920 US HWY 19 N
269
City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR
Name PINZON, MARIA
Address 33920 US HWY 19 N
269
City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR
Name WEIDENBORNER, MARLENE
Address 33920 US HWY 19 N
269
City-State-Zip: PALM HARBOR FL 34684