

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765372

**Entity Name:** ALLEGANY FRANCISCAN MINISTRIES, INC.

**FILED**  
**Apr 10, 2017**  
**Secretary of State**  
**CC9191373920**

**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:**

COOGAN, EILEEN S  
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: EILEEN S. COOGAN**

**04/10/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title DIRECTOR  
Name STREVA, JO OSF  
Address 33920 US HIGHWAY 19 N  
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

Title CHAIRPERSON  
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

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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 S. COOGAN**

**PRESIDENT & CEO**

**04/10/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

Title DIRECTOR  
Name DILLON, MARY ANN  
Address 33920 US HWY 19 N  
#269  
City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR  
Name WILLIAMS, JEANNE  
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

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

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