


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 23 1998 8:00am**  
**Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 703253 (5)**  
 1. Corporation Name  
**THE CONVENT OF THE SACRED HEART OF MIAMI, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>3747 MAIN HIGHWAY<br/>SISTER ANN TAYLOR<br/>MIAMI FL 33133</b> | Mailing Address<br><b>3747 MAIN HIGHWAY<br/>SISTER ANN TAYLOR<br/>MIAMI FL 33133</b> |
|--|--|

|   |   |   |
|---|---|---|
| 3. Date Incorporated or Qualified<br><b>11/27/1961</b>  |   |   |
| 4. FEI Number<br><b>59-6082015</b>  | Applied For<br><input type="checkbox"/> | Not Applicable<br><input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>   |   |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>      |   |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No |   |   |

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21. Sulte, Apt. #, etc.        | 26. Suite, Apt. #, etc. |
| 22. City & State               | 27. City & State        |
| 23. Zip                        | 28. Zip                 |
| 24. Country                    | 29. Country             |
| 25. Country                    | 30. Country             |

|   |              |  |           |
|---|--------------|--|-----------|
| 9. Name and Address of Current Registered Agent         |              | 10. Name and Address of New Registered Agent           |           |
| <b>TAYLOR, ANN<br/>3747 MAIN HWY<br/>MIAMI FL 33133</b> |              | 81. Name   |           |
|   |              | 82. Street Address (P.O. Box Number is Not Acceptable) |           |
|   |              | 83.  |           |
|   |              | 84. City   | <b>FL</b> |
|   | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------------------|---|---|
| TITLE                      | PSD <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | TAYLOR, ANN                         | 1.2 NAME  |   |
| STREET ADDRESS             | 3747 MAIN HWY                       | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI FL                            | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE   | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MAXWELL, SUSAN                      | 2.2 NAME  |   |
| STREET ADDRESS             | 6200 NORTH SHERIDAN ROAD            | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | CHICAGO IL                          | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VTD <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SALISBURY, NANCY                    | 3.2 NAME  |   |
| STREET ADDRESS             | 1 E. 91ST ST.                       | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | NEW YORK, NY.                       | 3.4 CITY-ST-ZIP                                       |   |
| 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:** *Ann Taylor* Ann Taylor, President 1/13/98 305-446-5673

CR2E037 (10/97)