

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 703253

**FILED**  
**Feb 17, 2004**  
**Secretary of State**

**Entity Name:** THE CONVENT OF THE SACRED HEART OF MIAMI, INC.

**Current Principal Place of Business:**

3747 MAIN HIGHWAY  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

3747 MAIN HIGHWAY  
MIAMI, FL 33133

**New Mailing Address:**

**FEI Number:** 59-6082015      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COOKE, SUZANNE RSCJ  
3747 MAIN HIGHWAY  
MIAMI, FL 33133 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: VPT ( ) Delete  
Name: BEARSS, ROSEMARY SISTER  
Address: 3750 SOUTH DIXIE HIGHWAY  
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete  
Name: DE LA CHAPPELLE, FRANCES SISTER RSCJ  
Address: 1200 STUART ROAD  
City-St-Zip: PRINCETON, NJ 085401297

Title: PSD ( ) Delete  
Name: COOKE, SUZANNE  
Address: 3747 MAIN HWY  
City-St-Zip: MIAMI, FL 33133

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SUZANNE COOKE, RSCJ

PSD

02/17/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date