

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708247 (2)

1. Corporation Name

THE CLOISTERS FOUNDATION OF ST. BERNARD DE CLAIR
VAUX

Principal Place of Business

Mailing Address

16711 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 3316016711 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33160-37143. Date Incorporated or Qualified
12/15/19643a. Date of Last Report
02/08/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-6165566

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAY, STANLEY
4000 NE 170 STREET
N. MIAMI BEACH FL 33160

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	BAILEY, BRUCE E.	
STREET ADDRESS	1505 N.E. 140 ST.	
CITY - ST - ZIP	N. MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAY, STANLEY	
STREET ADDRESS	4000 NE 170 STREET	
CITY - ST - ZIP	N. MIAMI BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BESSENT, RALPH	
STREET ADDRESS	1748 N.E. 176 ST.	
CITY - ST - ZIP	N. MIAMI BCH. FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CONLIFFE, WINSTON	
STREET ADDRESS	17630 NW 67TH AVENUE, # 1201	
CITY - ST - ZIP	MIAMI LAKE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	The Rev. Canon	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ronald N. Fox	
1.3 STREET ADDRESS	3464 Oak Ave.	
1.4 CITY - ST - ZIP	miami, FL 33133	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Tony Pirrone	
3.3 STREET ADDRESS	680 N. Island	
3.4 CITY - ST - ZIP	Golden Beach, FL 33160	
4.1 TITLE	Junior Warden	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Eugene Dwyer	
4.3 STREET ADDRESS	269 N. E. 165 St.	
4.4 CITY - ST - ZIP	N. miami Beach, FL 33162	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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:

N. MIAMI BEACH FL 33160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0031543

CR2E037 (9/96)