

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 711144 (6)**

1. Corporation Name

**THE PROVINCE OF ST. JOSEPH OF THE FRANCISCAN SISTERS OF ALLEGANY, NEW YORK, INC.**



Principal Place of Business

Mailing Address

**2924 W. CURTIS ST.  
TAMPA FL 33614**

**2924 W. CURTIS ST.  
TAMPA FL 33614**

3. Date Incorporated or Qualified

**07/12/1966**

3a. Date of Last Report

**02/27/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-1112618**

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

23

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

24

8. 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

**MCNALLY, SISTER MARY  
2924 W. CURTIS ST.  
TAMPA FL 33607**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD  
ARGHITTU, SISTER MARY**  
STREET ADDRESS **ST ELIZABETH MOTHERHOUSE**  
CITY-ST-ZIP **ALLEGANY NY**

TITLE ☐ DELETE

NAME **VD  
GIONTA, SISTER MARIE DOL**  
STREET ADDRESS **ST ELIZABETH MOTHERHOUSE**  
CITY-ST-ZIP **ALLEGANY NY**

TITLE ☐ DELETE

NAME **SD  
MCNALLY, SISTER MARY**  
STREET ADDRESS **2924 W. CURTIS ST.**  
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **TD  
MACINNIS, PATRICIA ANN**  
STREET ADDRESS **2924 W. CURTIS ST.**  
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Mary Arghittu*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MARY ARGHITTU**

**4/29/96** **716-373-0200**  
Date Daytime Phone #

CR2E037 (12/95)