

FILE NOW: FILING FEE IS \$61.25

FILED
Aug 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 711144 (6)
1. Corporation Name
THE PROVINCE OF ST. JOSEPH OF THE FRANCISCAN SISTERS OF ALLEGANY, NEW YORK, INC.



Principal Place of Business 2024 W. CURTIS ST. TAMPA FL 33614	Mailing Address 2024 W. CURTIS ST. TAMPA FL 33614-7102
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3. Date Incorporated or Qualified 07/12/1966	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 631 11th St. North Suite, Apt. #, etc.	2a. Mailing Address 26 631 11th St. North Suite, Apt. #, etc.
22 City & State 23 St. Petersburg, FL	27 City & State 28 St. Petersburg, FL
24 Zip 33705	25 Country USA
29 Zip 33705	30 Country USA

4. FEI Number 59-1112618	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MCNALLY, SISTER MARY 2024 W. CURTIS ST. TAMPA FL 33607	
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10. Name and Address of New Registered Agent	
81 Name Sister Gladys Sharkey	
82 Street Address (P.O. Box Number is Not Acceptable) 631 11th Street North	
83	
84 City St. Petersburg	85 Zip Code FL 33705

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 GLADYS SHARKEY, REGIONAL MINISTER *Sister Gladys T. Sharkey* **4/16/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> DELETE
NAME ARGHITTU, SISTER MARY	
STREET ADDRESS ST ELIZABETH MOTHERHOUSE	
CITY-ST-ZIP ALLEGANY NY	
TITLE VD	<input type="checkbox"/> DELETE
NAME QIONTA, SISTER MARIE DOL	
STREET ADDRESS ST ELIZABETH MOTHERHOUSE	
CITY-ST-ZIP ALLEGANY NY	
TITLE SD	<input type="checkbox"/> DELETE
NAME MCNALLY, SISTER MARY	
STREET ADDRESS 2024 W. CURTIS ST.	
CITY-ST-ZIP TAMPA FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME MACINNIS, PATRICIA ANN	
STREET ADDRESS 2024 W. CURTIS ST.	
CITY-ST-ZIP TAMPA FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME KIMMINS, SISTER MARGARET MARY	
1.3 STREET ADDRESS ST. ELIZABETH MOTHERHOUSE	
1.4 CITY-ST-ZIP ALLEGANY NY 14776	
2.1 TITLE V/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME WEIDENBORNER, SISTER MARLENE	
2.3 STREET ADDRESS ST. ELIZABETH MOTHERHOUSE	
2.4 CITY-ST-ZIP ALLEGANY NY 14776	
3.1 TITLE M/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME SHARKEY, SISTER GLADYS	
3.3 STREET ADDRESS 631 11th Street North	
3.4 CITY-ST-ZIP ST. PETERSBURG, FL 33705	
4.1 TITLE S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME O'BRIEN, SISTER DOLORES	
4.3 STREET ADDRESS ST. ELIZABETH MOTHERHOUSE	
4.4 CITY-ST-ZIP ALLEGANY NY 14776	
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 *[Signature]* **GLADYS SHARKEY** **4/16/97** **212/224 0257**

CR2E037 (9/96)