

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90105 031 \*\*\*\*61.25

**DOCUMENT # 711144**

1. Corporation Name

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

Principal Place of Business

631 11TH ST NORTH  
ST PETERSBURG FL 33705  
US

Mailing Address

631 11TH ST NORTH  
ST PETERSBURG FL 33705  
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

07/12/1966

4. FEI Number

59-1112618

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 Fees

9. Name and Address of Current Registered Agent

SHARKEY, SISTER G  
631 11TH STREET NORTH  
ST PETERSBURG FL 33705

10. Name and Address of New Registered Agent

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 Gladys Sharkey, Regional Minister

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  
NAME KIMMINS, SISTER M MARY  
STREET ADDRESS ST ELIZABETH MOTHERHOUSE  
CITY-ST-ZIP ALLEGANY NY ☐ DELETETITLE VTD  
NAME WEIDENBORNER, SISTER M  
STREET ADDRESS ST ELIZABETH MOTHERHOUSE  
CITY-ST-ZIP ALLEGANY NY ☐ DELETETITLE MD  
NAME SHARKEY, SISTER G  
STREET ADDRESS 631 11TH STREET NORTH  
CITY-ST-ZIP ST PETERSBURG FL ☐ DELETETITLE S  
NAME O'BRIEN, SISTER D  
STREET ADDRESS ST. ELIZABETH MOTHERHOUSE  
CITY-ST-ZIP ALLEGANY NY ☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

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 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, with all other like empowered.

SIGNATURE: Gladys Sharkey Sister Gladys Sharkey

2/23/99

727/824-0857

SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)