

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:50

DOCUMENT # 711656 (9)

1. Corporation Name
SISTERS OF ST. JOSEPH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
241 ST GEORGE STREET PO BOX 3506 ST AUGUSTINE FL 32085	241 ST GEORGE STREET PO BOX 3506 ST AUGUSTINE FL 32085

3. Date Incorporated or Qualified 10/19/1966	3a. Date of Last Report 01/24/1994
4. FEI Number 59-6016039	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
24	25
29	30

9. Name and Address of Current Registered Agent

BURLESON, CHRISTOPHER MARIE, SISTER
241 ST GEORGE STREET
ST AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T NAME BURLESON, CHRISTOPHER M STREET ADDRESS 241 ST GEORGE ST CITY-ST-ZIP ST AUGUSTINE, FL 00000		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD NAME FOSTER, SUZAN SISTER STREET ADDRESS 234 ST. GEORGE ST. CITY-ST-ZIP ST. AUGUSTINE FL 32084		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PC NAME BRYAN, FLORENCE SISTER STREET ADDRESS 241 ST. GEORGE ST. CITY-ST-ZIP ST. AUGUSTINE FL 32084		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD NAME BITZER, CATHERINE SISTER STREET ADDRESS 241 ST. GEORGE ST. CITY-ST-ZIP ST. AUGUSTINE FL 32084		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME STOECKER, JANE SISTER STREET ADDRESS 181 N.W. 74 ST. CITY-ST-ZIP MIAMI FL 33150		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME KUHN, ANN SISTER STREET ADDRESS 4011 EDGEWATER DR. CITY-ST-ZIP ORLANDO FL 32804		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sister Catherine Bitzer, S.S.T.* January 21, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 SISTER CATHERINE BITZER, S.S.T.