

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 30 1997 8:00 am
Secretary of State

DOCUMENT # 711656 (9)

1. Corporation Name

SISTERS OF ST. JOSEPH, INC.



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 32085-3506

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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
10/19/1966

3a. Date of Last Report
02/14/1996

4. FEI Number
59-6016039

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITILE 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

TITILE 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

TITILE 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

TITILE 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

TITILE 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

TITILE D
NAME KUHN, ANN SISTER
STREET ADDRESS 241 ST. GEORGE STREET
CITY-ST-ZIP ST. AUGUSTINE FL

6.1 TITLE
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: *Sister Catherine Bitzer S.S.J.*

SISTER CATHERINE BITZER S.S.J.

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