


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 711656 (9)</b>					
1. Corporation Name <b>SISTERS OF ST. JOSEPH, INC.</b>					
Principal Place of Business <b>241 ST GEORGE STREET PO BOX 3506 ST AUGUSTINE FL 32085</b>			Mailing Address <b>241 ST GEORGE STREET PO BOX 3506 ST AUGUSTINE FL 32085</b>		
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>25</b> Suite, Apt. #, etc. <b>26</b> City & State <b>27</b> Zip <b>28</b> Country		3. Date Incorporated or Qualified <b>10/19/1966</b>	
				4. FEI Number <b>59-6016039</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>BURLESON, CHRISTOPHER MARIE, SISTER 241 ST GEORGE STREET ST AUGUSTINE FL 32084</b>			10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> 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 reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURLESON, CHRISTOPHER M		1.2 NAME		
STREET ADDRESS	241 ST GEORGE ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE, FL 00000		1.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOSTER, SUZAN SISTER		2.2 NAME		
STREET ADDRESS	234 ST. GEORGE ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL 32084		2.4 CITY-ST-ZIP		
TITLE	PC	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRYAN, FLORENCE SISTER		3.2 NAME		
STREET ADDRESS	241 ST. GEORGE ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL 32084		3.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BITZER, CATHERINE SISTER		4.2 NAME		
STREET ADDRESS	241 ST. GEORGE ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL 32084		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STOECKER, JANE SISTER		5.2 NAME		
STREET ADDRESS	181 N.W. 74 ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33150		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KUHN, ANN SISTER		6.2 NAME		
STREET ADDRESS	241 ST. GEORGE STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL		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.					
SIGNATURE: <i>Sister Catherine Bitzer</i> January 7, 1998 904-824-1752					

CR2037 (10/97)