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Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 711656

1. Corporation Name

SISTERS OF ST. JOSEPH, INC.

Principal Place of Business

241 ST GEORGE STREET
 PO BOX 3506
 ST AUGUSTINE FL 32085

Mailing Address

241 ST GEORGE STREET
 PO BOX 3506
 ST AUGUSTINE FL 32085



| | | | | | |
|--------------------------------|--|---------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date incorporated or Qualified | |
| 21 | | 26 | | 10/19/1966 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-6016039 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | | 28 | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip Country | | Zip Country | | Trust Fund Contribution | |
| 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 |
| 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 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 | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FOSTER, SUZAN SISTER | 2.2 NAME | Kuhn, Ann Sister |
| STREET ADDRESS | 234 ST. GEORGE ST. | 2.3 STREET ADDRESS | 241 St. George St. |
| CITY-ST-ZIP | ST. AUGUSTINE FL 32084 | 2.4 CITY-ST-ZIP | St. Augustine, FL 32084 |
| 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 | S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BITZER, CATHERINE SISTER | 4.2 NAME | Payette, Lyn Sister |
| STREET ADDRESS | 241 ST. GEORGE ST. | 4.3 STREET ADDRESS | 241 St. George St. |
| CITY-ST-ZIP | ST. AUGUSTINE FL 32084 | 4.4 CITY-ST-ZIP | St. Augustine FL 32084 |
| 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 | DMcGoldrick, Thomas Joseph <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KUHN, ANN SISTER | 6.2 NAME | Sister |
| STREET ADDRESS | 241 ST. GEORGE STREET | 6.3 STREET ADDRESS | 2323 Forrest Crest Circle |
| CITY-ST-ZIP | ST. AUGUSTINE FL | 6.4 CITY-ST-ZIP | Lutz, FL 33549 |

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: Sister Lyn Payette **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 5, 1999 904-824-1752

Daytime Phone #

CR2E037 (11/98)