

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 720711 (1)
1. Corporation Name
**SISTERS OF MERCY, CLOHER, N. IRELAND AND FLORID
A, INC.**



Principal Place of Business
**1172 SW 26TH AVENUE
DEERFIELD BCH FL 33442**

Mailing Address
**1172 SW 26TH AVENUE
DEERFIELD BCH FL 33442**

3. Date Incorporated or Qualified **04/14/1971** 3a. Date of Last Report **01/23/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		09-0073451		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		<input type="checkbox"/>	
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

**WICH, JAMES J.
% SULLIVAN, BAILEY, WICH & STOCKMAN, P.A.
2335 EAST ATLANTIC BLVD.
POMPANO BEACH FL 33062**

10. Name and Address of New Registered Agent

81	Name	SAME
82	Street Address (P.O. Box Number is Not Acceptable)	SUITE 620 - CALIFORNIA FEDERAL TOWER
83		2400 E. COMMERCIAL BLVD.
84	City	FT. LAUDERDALE
85	Zip Code	FL 33308

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	ST <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'ROURKE, COLETTE (SIS)	12 NAME	
STREET ADDRESS	1172 S.W. 26TH AVE.	13 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BCH FL	14 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGUIRE, ANASTASIA (SIS)	22 NAME	
STREET ADDRESS	1172 S.W. 26TH AVE.	23 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BCH FL	24 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMANUS, PATRICIA	32 NAME	
STREET ADDRESS	4525 W. 2ND AVENUE	33 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL	34 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERRY, JOSEPHINE (SIS)	42 NAME	
STREET ADDRESS	3751 S W 39TH ST	43 STREET ADDRESS	
CITY - ST - ZIP	W HOLLYWOOD FL	44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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 Colette O'Rourke* (SISTER COLETTE O'ROURKE) 1/18/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SECRETARY / TREASURER

305-480-8511

CR2E037 (12/95)