

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 02, 1999 8:00am
Secretary of State

02-02-1999 90032 007 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720711

1. Corporation Name

SISTERS OF MERCY, CLOGHER, 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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

Country

3. Date Incorporated or Qualified

04/14/1971

4. FEI Number

09-0073451

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

9. Name and Address of Current Registered Agent

WICH, JAMES J.
SUITE 620 - CALIFORNIA FEDERAL TOWER
2400 E COMMERCIAL BLVD
FT LAUDERDALE FL 33308

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

TITLE ST
NAME O'ROURKE, COLETTE (SIS)
STREET ADDRESS 1172 S.W. 26TH AVE.
CITY-ST-ZIP DEERFIELD BCH FL

TITLE VD
NAME MAGUIRE, ANASTASIA (SIS)
STREET ADDRESS 1172 S.W. 26TH AVE.
CITY-ST-ZIP DEERFIELD BCH FL

TITLE PD
NAME MCMANUS, PATRICIA
STREET ADDRESS 4525 W. 2ND AVENUE
CITY-ST-ZIP HIALEAH FL

TITLE SD
NAME SHERRY, JOSEPHINE (SIS)
STREET ADDRESS 3751 S W 39TH ST
CITY-ST-ZIP W HOLLYWOOD FL

TITLE ST
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: SISTER COLETTE O'ROURKE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1/15/99
Daytime Phone 954-480-8478

CR2E037 (11/98)