

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720711

FILED
Jan 07, 2008
Secretary of State

Entity Name: SISTERS OF MERCY, CLOGHER, N. IRELAND AND FLORIDA, INC.

Current Principal Place of Business:

5392 SW 33RD AVE
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

5392 SW 33RD AVE
FORT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 09-0073451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: O'ROURKE, COLETTE (S, IS)
Address: 5392 SW 33RD AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VD () Delete
Name: MAGUIRE, ANASTASIA (, SIS)
Address: 5392 SW 33RD AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: PD () Delete
Name: MCMANUS, PATRICIA,
Address: 5392 SW 33RD AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: SD () Delete
Name: SHERRY, JOSEPHINE (S, IS)
Address: 3751 S W 39TH ST
City-St-Zip: W HOLLYWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANASTASIA MAGUIRE (SIS)

VD

01/07/2008

Electronic Signature of Signing Officer or Director

Date