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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

735712

(2)

ST. FRANCIS RESIDENCE, INC.

FILED
Apr 24 1997 8:00am
Secretary of State

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Principal Place of Business Mailing Address			# TERIT IDDUR HINFT BIYET BORD (TOTAL RIDIN RIDIN BIDIN BIRLI BIRL						
3003 W. DR. MAR' TAMPA FL 33607	tin Luther King Jr. BLVD.	3003 W. DR. MARTIN LL TAMPA FL 33607	ither kink	JR.	BLVD.				
US		US				3. Date Incorporated or Qualified 05/03/1976		of Last R 5/01/19	
2. Principal Plac	e of Business	2a. Mailing Address				4. FEI Number		Aŗ	oplied For
21		26		,		59-1631325			ot Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
22	<u>,</u>	27 Attn: Mike	Doole	ΣΥ	·····				
City & State			TI			Election Campaign Financing Trust Fund Contribution		\$5.00	May Be to Fees
23 Zip	Country	Zip	Col	untry		This corporation has liability for it.			
24 Zip	25	29	30	ar iti y			Yes 🔀		. 199.002,
24	9. Name and Address of Currer		[30]	Τ	****	10. Name and Address of New Re			
				61	Name				
CEI EQTE	SULLIVAN, SR. MARIE			82	Ptront	Address (P.O. Box Number is Not Acceptab	lo\		
	RTNEY CAMPBELL CAUSEW/	AY		02	S11861 /	Address (F.O. Box Nomber is Not Acceptate	10)		
SUITE 100		11		83					
TAMPA FL				84	04.			86 Zip	Code
					City			1 1	
11. Pursuant to	the provisions of Sections 617.050	2 and 617./508, Florida Sta	tutes, the e	bove	-named	corporation submits this statement for the poration's board of directors. I hereby accept	urpose of c	hanging i	ls registered
office or reg	istered agent for both, in the State familiar with, and accept the oblid	e of Florida/Such change wa ations of Section 617.0503/	e authorize Flerida Sta	a by itut e s	tne corp	oration's board of directors, I nereby accep	ot the appor	niment as	registered
SIGNATURE	Dago	Mall	<u>_o</u> _	_>	_				
SIGNATURE	nature, typed or printed name of registered ag-		OTE Register		nt signature	equired when reinstating)	DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		Change	Addition
TITLE	SD	☐ DELETE		TILE				☐ Oranific	יואוווטטא ב
NAME	PITISCI, GILBERT	D (/NA ID BUSD		IAME		•			
STREET ADDRESS	3003 W DR. MARTIN LUTHE	K KING JK BLVU			address				į
CITY-ST-ZIP	TAMPA FL 33607	₩ DELETE		CITY-S	T-ZIP	AS		Change	X Addition
TITLE	PD DICPEL IONN	Z) been		NAME		Curd, Gilian	_		
NAME	Dieber, Committee and Committe				ADDRESS	1200 7th Avenue North			
STREET ADDRESS	TAMPA FL 33607	in faire on, perp.			ST-ZIP	St. Petersburg, FL 33	705		
CITY-ST-ZIP TITLE	TD	☐ DELETE		IITLE	51 - EIF	Det recersburg, 12 00	,,,,,	Change	Addition
NAME	CHAWK, GARY	L-1 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	1	NAME			_	•	
STREET ADDRESS	3001 W. MARTIN LUTHER K	ING JR. BLVD.			ADDRESS				
CITY - ST - ZIP	TAMPA FL 33607				ST-ZIP				
TITLE	EVP	DELETE		ITLE			[Change	Addition
NAME	SCOTT, CHARLES		4.2	NAME					
STREET ADDRESS	3003 W. DR. MARTIN LUTHE	er king jr. blvd.	4.3 :	STREET	ADDRESS				
CITY-ST-ZIP	TAMPA FL 33607		4.4.9	CITY-S	T-ZIP				
THLE	DEVP	DELETE	5.1	TITLE		PD	τ	X Change	☐ Addition
NAME	MALLAH, ISAAC		5.2	NAME		MALLAH, ISAAC			
STREET ADDRESS	3003 W. DR. MARTIN LUTHE	er king jr blyd	5.3	STREET	ADDRESS				
CITY-ST-ZIP	TAMPA FL 33607				T-ZIP			T 01	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
TITLE	EVP	₩ DELETE		TITLE			į	Change	Addition
NAME	SHUMAKER, REVONDA L			NAME					
STREET ADDRESS	1200 7TH AVENUE NORTH				ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL 33705	and the section of th	6.4	CITY-S	T-ZIP	teted in Continue (10 070V). Florida Otto	o I further	neurify . the a	t tha
I 14. 1 do hereby	certify that the information supplied	ea with this tiling does not at	Jerty for th	в в хе	INDION (tated in Section 119,07(3)(i), Florida Statute	is, ciumner (ouruny (ma	, ure

In a nereby certify that the information supplied with this filling does not quality for the exemption istated in Section 1.3.0.0(3)). Formal stated in the information indicated on this annual report or suppliemental 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 opporation 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 oddress.

SIGNATURE:

ARAHA MICHELDIA

Daytime Phone # 00704EB