

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 735712 (2)
1. Corporation Name
ST. FRANCIS RESIDENCE, INC.



Principal Place of Business Mailing Address
**6200 COURTNEY CAMPBELL CAUSEWAY
SUITE 100
TAMPA FL 33607
US**

3. Date Incorporated or Qualified
05/03/1976

4. FEI Number **59-1631325** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.
22 City & State **27** City & State
23 Zip **28** Country **29** Zip **30** Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WATTS, HOWARD
6200 COURTNEY CAMPBELL CAUSEWAY
SUITE 100
TAMPA FL 33607**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **PITISCI, GILBERT**
CITY-ST-ZIP **3003 W DR. MARTIN LUTHER KING JR BLVD
TAMPA FL 33607**
TITLE ☐ DELETE
NAME **AS**
STREET ADDRESS **CURD, GILIAN**
CITY-ST-ZIP **1200 7TH AVE SO
ST PETERSBURG FL**
TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **CHAWK, GARY**
CITY-ST-ZIP **3001 W. MARTIN LUTHER KING JR. BLVD.
TAMPA FL 33607**
TITLE ☐ DELETE
NAME **EVP**
STREET ADDRESS **SCOTT, CHARLES**
CITY-ST-ZIP **3003 W. DR. MARTIN LUTHER KING JR. BLVD.
TAMPA FL 33607**
TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **MALLAH, ISAAC**
CITY-ST-ZIP **3003 W. DR. MARTIN LUTHER KING JR BLVD
TAMPA FL**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
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.

SIGNATURE: *[Signature]*

CP2E037 (10/97)