

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **759712** (3)

1. Corporation Name

**ST. ANTHONY'S ANCILLARY SERVICES, INC.**

Principal Place of Business

**1200 7TH AVENUE  
ST PETERSBURG FL 33705**

Mailing Address

**P.O. BOX 12588  
ST. PETERSBURG FL 33733-2588**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

3. Date Incorporated or Qualified

**08/20/1981**

4. FEI Number

**59-2128990**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$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

**SHUMAKER, REVONDA L.  
1200 SEVENTH AVENUE NORTH  
1201 5TH AVENUE NORTH  
ST. PETERSBURG FL 33705**

10. Name and Address of New Registered Agent

81 Name

**JOY GORZEMAN**

82 Street Address (P.O. Box Number is Not Acceptable)

**1200 7TH AVE N**

83

84 City

**ST. PETERSBURG**

**FL**

85 Zip Code

**33705**

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

*Joy Gorzeman*  
Signature typed or printed name of registered agent and title if applicable.

**JOY GORZEMAN**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/16/98**

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, CHARLES	
STREET ADDRESS	1201 5TH AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SHUMAKER, REVONDA L.	
STREET ADDRESS	1200 7TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	

TITLE	EVPD	<input checked="" type="checkbox"/> DELETE
NAME	CHAWK, GARY W.	
STREET ADDRESS	3003 W. DR. MARTIN LUTHER KING BLVD.	
CITY-ST-ZIP	TAMPA FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PITISCI, GILBERT M	
STREET ADDRESS	1201 5TH AVENUE N	
CITY-ST-ZIP	TAMPA FL	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MALLAH, ISAAC	
STREET ADDRESS	1201 5TH AVENUE N	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SUE G. BRODY	
1.3 STREET ADDRESS	1200 7TH AVE. N.	
1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33705	

2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BILL STARKEY	
2.3 STREET ADDRESS	4925 WEST BAY DRIVE	
2.4 CITY-ST-ZIP	TAMPA, FL 33629	

3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SR. GLADYS SHARKEY, OSF	
3.3 STREET ADDRESS	631- 1TH ST. N.	
3.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33705	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Sue G. Brody*  
Signature typed or printed name of signing officer or director

**SUE G. BRODY, PRESIDENT 4/17/98 (813) 825-1071**

Date

Daytime Phone # 0052247

CR2E037 (10/97)