

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765372

FILED
Apr 15, 2011
Secretary of State

Entity Name: ALLEGANY FRANCISCAN MINISTRIES, INC.

Current Principal Place of Business:

33920 US HWY 19 N
269
PALM HARBOR, FL 34684 US

New Principal Place of Business:

Current Mailing Address:

33920 US HWY 19 N
269
PALM HARBOR, FL 34684 US

New Mailing Address:

FEI Number: 58-1492325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYLE, EILEEN
33920 US HWY 19 N
#269
PALM HARBOR, FL 34684 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: C/D
Name: FLANIGAN, JOHN
Address: 660 US HIGHWAY ONE
City-St-Zip: NORTH PALM BAECH, FL 33408 US

Title: D
Name: TAPP, WILLIAM
Address: 33920 US HWY 19 N
City-St-Zip: PALM HARBOR, FL 34684 US

Title: D
Name: KIMMINS, MARGARET MARY OSF
Address: 33920 US HWY 19 N
City-St-Zip: PALM HARBOR, NY 34684 US

Title: P/D
Name: BOYLE, EILEEN C
Address: 33920 US HWY 19 N
City-St-Zip: PALM HARBOR, FL 34684 US

Title: D
Name: STREVA, JO OSF
Address: 33920 US HIGHWAY 19 N
City-St-Zip: PALM HARBOR, FL 34684 US

Title: V
Name: MILANES, MIGUEL A
Address: 1900 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33132 US

I hereby 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 all other like empowered.

SIGNATURE: EILEEN C BOYLE

PRES

04/15/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date