

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **767446** (8)
1. Corporation Name
ST. MARY'S FOUNDATION OF PALM BEACH COUNTY, INC.



Principal Place of Business Mailing Address
P.O. BOX 24620 P.O. BOX 24620
901 45TH ST 901 45TH ST
WEST PALM BEACH FL 33416-1620 WEST PALM BEACH FL 33416-1620

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		03/09/1983	05/01/1995
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-2363377	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Country		30 Country		<input type="checkbox"/>	<input type="checkbox"/>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LARGOMBE, GOODWIN V 901 45TH ST WEST PALM BCH FL 33407				61 Name Sr. Marie Celeste Sullivan, OSF	
				62 Street Address (P.O. Box Number is Not Acceptable)	
				63	
				64 City	
				FL 65 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.					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

61 Name
Sr. Marie Celeste Sullivan, OSF

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

63

64 City

FL 65 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, SR. MARIE C OSF	1.2 NAME	
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY, STE. 100	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33607	1.4 CITY - ST - ZIP	
TITLE	TT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOOLEY, MICHAEL	2.2 NAME	
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY, STE. 100	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33607	2.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRENCH, MICHAEL	3.2 NAME	
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY, STE. 100	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	3.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNNER, SISTER ROBERTA F	4.2 NAME	
STREET ADDRESS	ST. JOSEPHS VILLA, 38 PROSPECT AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	GATSKILL NY 12414	4.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGGLESTONE, E. LLWYD JR.	5.2 NAME	
STREET ADDRESS	1555 PALM BEACH LAKES BLVD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	5.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARLEY, MARY K	6.2 NAME	
STREET ADDRESS	7407 SE GOLFHOUSE DR., LOBLOLLY PINES	6.3 STREET ADDRESS	
CITY - ST - ZIP	HOBE SOUND FL 33455	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Michael French 4/30/96 (407)650-6223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)