

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 <b>03/09/1983</b>		3a. Date of Last Report <b>05/01/1995</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2363377</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~LARCOMBE, GOODWIN V~~  
901 45TH ST  
WEST PALM BCH FL 33407

81 Name	<b>Sr. Marie Celeste Sullivan, OSF</b>		
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City	<b>FL</b>	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

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

(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	<b>SULLIVAN, SR. MARIE C OSF</b>	1.2 NAME	
STREET ADDRESS	<b>6200 COURTNEY CAMPBELL CAUSEWAY, STE. 100</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL 33607</b>	1.4 CITY - ST - ZIP	
TITLE	TT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOOLEY, MICHAEL</b>	2.2 NAME	
STREET ADDRESS	<b>6200 COURTNEY CAMPBELL CAUSEWAY, STE. 100</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL 33607</b>	2.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRENCH, MICHAEL</b>	3.2 NAME	
STREET ADDRESS	<b>6200 COURTNEY CAMPBELL CAUSEWAY, STE. 100</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL</b>	3.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>BRUNNER, SISTER ROBERTA F</del>	4.2 NAME	
STREET ADDRESS	<del>ST. JOSEPH'S VILLA, 38 PROSPECT AVE.</del>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<del>GATSKILL NY 12414</del>	4.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>EGGLESTONE, E. LLWYD JR.</del>	5.2 NAME	
STREET ADDRESS	<del>1555 PALM BEACH LAKES BLVD.</del>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<del>WEST PALM BEACH FL 33401</del>	5.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>FARLEY, MARY K</del>	6.2 NAME	
STREET ADDRESS	<del>7407 SE GOLFHOUSE DR., LOBLOLLY PINES</del>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<del>HOBE SOUND FL 33455</del>	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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96  
Date

(407)650-6223  
Daytime Phone #

CR2E037 (12/95)