

FILE NOW: FILING FEE IS \$61.25

FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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
801 45TH ST 801 45TH ST
WEST PALM BEACH FL 33416-1620 WEST PALM BEACH FL 33416-4620

3. Date Incorporated or Qualified 03/08/1983
3a. Date of Last Report 05/01/1996

2. Principal Place of Business CSWY
21 6200 COURTNEY CAMPBELL
Suite, Apt. #, etc. 22 100
City & State 23 TAMPA, FL
Zip 24 33607 Country 25 HILLSBOROUGH
2a. Mailing Address CSWY
26 6200 COURTNEY CAMPBELL
Suite, Apt. #, etc. 27 SUITE 100
City & State 28 TAMPA, FL
Zip 29 33607 Country 30 HILLSBOROUGH

4. FEI Number 59-2363377
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

SULLIVAN, MARIE C OSF
901 45TH ST
WEST PALM BCH FL 33407

10. Name and Address of New Registered Agent

81 Name HOWARD WATTS
82 Street Address (P.O. Box Number Is Not Acceptable) 6200 COURTNEY CAMPBELL CSWY
83 SUITE 100
84 City TAMPA FL 85 Zip Code 33607

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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE *Howard Watts* HOWARD WATTS 4/29/97
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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PT	SULLIVAN, SR. MARIE C OSF	6200 COURTNEY CAMPBELL CAUSEWAY, STE. 100	TAMPA FL 33607	<input checked="" type="checkbox"/>
TT	DOOLEY, MICHAEL	6200 COURTNEY CAMPBELL CAUSEWAY, STE. 100	TAMPA FL 33607	<input type="checkbox"/>
ST	FRENCH, MICHAEL	6200 COURTNEY CAMPBELL CAUSEWAY, STE. 100	TAMPA FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
PT	WATTS, HOWARD	6200 COURTNEY CAMPBELL CSWY, # 100	TAMPA, FL 33607	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	SHARKEY, D.S.E., SISTER GLADYS	6200 COURTNEY CAMPBELL CSWY, # 100	TAMPA, FL 33607	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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: *M. T. Dooley* MICHAEL T. DOOLEY 4/29/97 813 281-9098
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0041457

CR2E037 (9/96)