

FILE NOW: FILING FEE IS \$61.25

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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
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DOCUMENT # **767446** (8)

1. Corporation Name

ST. MARY'S FOUNDATION OF PALM BEACH COUNTY, INC.



Principal Place of Business P.O. BOX 24620 801 45TH ST WEST PALM BEACH FL 33416-1620	Mailing Address P.O. BOX 24620 801 45TH ST WEST PALM BEACH FL 33416-4620
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3. Date Incorporated or Qualified 03/08/1983	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 6200 COURTNEY CAMPBELL Suite, Apt. #, etc. 22 100 City & State 23 TAMPA, FL Zip 24 33607	2a. Mailing Address 26 6200 COURTNEY CAMPBELL Suite, Apt. #, etc. 27 SUITE 100 City & State 28 TAMPA, FL Zip 29 33607	Country 25 HILLSBOROUGH Country 30 HILLSBOROUGH
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4. FEI Number 59-2363377	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name HOWARD WATTS
82 Street Address (P.O. Box Number is Not Acceptable) 6200 COURTNEY CAMPBELL CSWY
83 SUITE 100
84 City TAMPA
85 Zip Code FL 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	PT SULLIVAN, SR. MARIE C OSF 6200 COURTNEY CAMPBELL CAUSEWAY, STE. 100 TAMPA FL 33607 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TT DOOLEY, MICHAEL 6200 COURTNEY CAMPBELL CAUSEWAY, STE. 100 TAMPA FL 33607 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST FRENCH, MICHAEL 6200 COURTNEY CAMPBELL CAUSEWAY, STE. 100 TAMPA FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PT WATTS, HOWARD 6200 COURTNEY CAMPBELL CSWY, #100 TAMPA, FL 33607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	T SHARKEY, D.S.E., SISTER GLADYS 6200 COURTNEY CAMPBELL CSWY, #100 TAMPA, FL 33607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **REOMICHAEL 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)