


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90013 035 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 767446

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

Principal Place of Business 6200 COURTNEY CAMPBELL CSWY STE. 100 TAMPA FL 33607 US	Mailing Address 6200 COURTNEY CAMPBELL CSWY STE. 100 TAMPA FL 33607 US
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2. Principal Place of Business 21 19329 U.S. Hwy 19 N Suite, Apt. #, etc. 22 100 City & State 23 Clearwater Fl. Zip Country 24 33764 25 USA	2a. Mailing Address 26 19329 U.S. Hwy. 19 N Suite, Apt. #, etc. 27 100 City & State 28 Clearwater Fl. Zip Country 29 33764 30 USA	3. Date Incorporated or Qualified 03/09/1983	4. FEI Number 59-2363377	Applied For Not Applicable
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9. Name and Address of Current Registered Agent WATTS, HOWARD 6200 COURTNEY CAMPBELL CSWY STE. 100 TAMPA FL 33607	10. Name and Address of New Registered Agent 81 Name Joanne OLIVERA Lighter 82 Street Address (P.O. Box Number is Not Acceptable) 19329 U.S. Hwy. 19 N 83 Suite 100 84 City Clearwater FL 85 Zip Code 33764
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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 *Joanne Lighter* **Joanne OLIVERA Lighter** 7/12/99
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 NAME STREET ADDRESS CITY-ST-ZIP	PT WATTS, HOWARD 6200 CORTNEY CAMPBELL CSYW, STE. 100 TAMPA FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P Lighter, Joanne OLIVERA 19329 U.S. Hwy. 19 N. - suite 100 CLEARWATER FL 33764 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHANK, GARY 6200 COURTNEY CAMPBELL CAUSEWAY, STE. 100 TAMPA FL 33607 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ST GALATRO, Ann 19329 U.S. Hwy. 19 N. - Suite 100 CLEARWATER FL 33764 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHARKEY, D.S.E. S 6200 COURTNEY CAMPBELL CSWY, STE. 100 TAMPA FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	(see attached list) <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	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 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, with all other like empowered.

SIGNATURE: *Joanne Lighter* **REQUIREDC EO** 7-12-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)

Add/Changes to Officers and Directions in Question # 12

5955 29-90013-35
767446

3. General Minister/ Trustee
Margaret Mary Kimmins, O.S.F.
Franciscan Sisters of Allegany
St. Elizabeth Motherhouse
115 East Main Street
Allegany, NY 14706
4. Trustee
Marcie Biddleman
736 71st Avenue North
St. Petersburg, FL 33702
5. Trustee
Lucy Cardet, O.S.F.
Franciscan Sisters of Allegany
Martha/Mary House
138 NE 111th Street
Miami Shores, FL 33161
6. Trustee
Joan M. Carter, M.D.
14517 Bruce B Downs, Suite #101
Tampa, FL 33613
7. Trustee
Jorge Gross
Price Waterhouse Cooper
200 S. Biscayne Blvd., Suite #700
Miami, FL 33131
8. Trustee
Odette Haddad, O.S.F.
Franciscan Sisters of Allegany
3939 Shoreside Circle
Tampa, FL 33624
9. Trustee
Maureen Clare Hall, O.S.F.
Immaculate Conception Convent
152 Constant Spring Road #1654
Kingston 8, Jamaica, West Indies
10. Trustee
Guy King
101 S. Franklin Street, Suite #201
Tampa, FL 33702
11. Trustee
Most Rev. Robert N. Lynch
6363 9th Avenue North
P.O. Box 40200
St. Petersburg, FL 33743
12. Trustee
Rudy Michaud
During Winter:
4717 Dolphin Cay #602
St. Petersburg, FL 33711

During Summer:
402 Chestnut Mountain Dr
Rabun Gap, GA 30568
13. Trustee
James A. Murman, Esq.
Barr Murman Tonelli Herzfeld Rubin, P.A.
201 East Kennedy Blvd
Tampa, FL 33609
14. Trustee
Gladys Sharkey, O.S.F.
St. Anthony's Convent
631 11th Street North
St. Petersburg, FL 33705-1409