

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **771312 (6)**
1. Corporation Name
OUR LADY OF FATIMA OF SPRING HILL, INC.



Principal Place of Business: **10401 SPRING HILL DR. SPRING HILL FL 34608**
Mailing Address: **10401 SPRING HILL DR. SPRING HILL FL 34608**

3. Date Incorporated or Qualified: **11/18/1983**
3a. Date of Last Report: **04/21/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2556533	Applied For <input checked="" type="checkbox"/> Not Applicable
22. Suite, Apt #, etc.	27. Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25. Country	30. Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MULLANE, JOSEPH F.X
12213 CAMP CREEK LANE
BEACON WOODS
BAYONET POINT FL 34667**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
	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 (Not applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MULLANE, JOSEPH F X	1.2 NAME	HILLEBRAND, Rt. Rev. PETER W.
STREET ADDRESS	12213 CAMP CREEK LANE	1.3 STREET ADDRESS	10401 SPRING HILL DR
CITY-ST-ZIP	BAYONET POINT FL	1.4 CITY-ST-ZIP	SPRING HILL, FL. 34608
TITLE	DM <input type="checkbox"/> DELETE	2.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALDSON, BILL	2.2 NAME	VAILLANCOURT, Rev. KEVIN
STREET ADDRESS	12908 WILLOUGHBY LANE	2.3 STREET ADDRESS	3914 N. LIDGERWOOD
CITY-ST-ZIP	HUDSON FL	2.4 CITY-ST-ZIP	SPOKANE, WASHINGTON 99205
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HESSON, JOHN E	3.2 NAME	KANAGARATNAM, Rev. FRANCIS A.
STREET ADDRESS	101 HOWELL AVE	3.3 STREET ADDRESS	2010 ESCOBAR AV.
CITY-ST-ZIP	MT EPHRIM NJ	3.4 CITY-ST-ZIP	SPRING HILL, FL. 34608
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANTER, JIM	4.2 NAME	JIM CANTER
STREET ADDRESS	2010 ESCOBAR AVE.	4.3 STREET ADDRESS	5638 OAK RIDGE AV
CITY-ST-ZIP	SPRING HILL FL 34608	4.4 CITY-ST-ZIP	NEW PORT RICHEY, FL. 34652
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	ROMEO, SALVATORE A.
STREET ADDRESS		5.3 STREET ADDRESS	3836 LIGHTHOUSE WAY
CITY-ST-ZIP		5.4 CITY-ST-ZIP	NEW PORT RICHEY, FL. 34652
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Joseph F.X. Mullane **JOSEPH F. X. MULLANE** 4/15/96 813-868 6166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)