FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #
1. Corporation Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt, #, etc.

City & State

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Zip

10401 SPRING HILL DR. SPRING HILL FL 34608

(6)

Mailing Address

10401 SPRING HILL DR.

SPRING HILL FL 34608

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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OUR LADY OF FATIMA OF SPRING HILL, INC.

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9. Name and Address of Current Registered Agent

Feb 03 1998 8:00am								
Secretary of State								

EII ED

Yes

No

Yes

7. Is this nonprofit corporation a homeowners association?

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be Added to Fees

Not Applicable

3. Date Incorporated or Qualified

11/18/1983

59-2556533

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

			81 Name	FR TEREN	CE B	FULL	LAM	
MULLANE, JOSEPH F.X			82 Street	Address (P.O. Box Nun	ber is Not Ac	ceptable)		
12213 CAMP CREEK LANE			20		AR A	VENUE		
BEACO	N WOODS		83					ł
BAYON	ET POINT FL 34667		84 City				85 Zip C	ode
			GH City 2	3PRING	HULL	FL	.	Code Code
11. Pursuant	to the provisions of Sections 617.0502 and 617.150	8, Florida Statutes,	the above-named	corporation submits thi	s statement fo	or the purpose o	f 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 SIGN								
SIGNATURE	Signature, typed or printed name of registered agent and title it applica		REVCE F	required when reinstaling)	IRE	DATE	- JHW	6 C 198
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/	CHANGES TO	OFFICERS AND	DIRECTOR:	
TITLE	DT	DELETE	1.1 TITLE	PID			Change	Addition
NAME	MULLANE, JOSEPH F X		1,2 NAME	VAILLANCOUR	" REV	' K		ł
STREET ADDRESS	12213 CAMP CREEK LANE		1,3 STREET ADDRESS	3914 N LID	GERWOO	ש		·
CITY-ST-ZIP	BAYONET POINT FL		1.4 CITY-ST-ZIP	SPOKANE M	√A			
TITLE	DM	DELETE	2,1 TITLE	T/D	. ,		Change	Addition
NAME	DONALDSON, BILL		2.2 NAME	FULLHAM RE	-			l
STREET ADDRESS	12908 WILLOUGHBY LANE		2.3 STREET ADDRESS	2010 ESCOBA				- 1
CATY-ST-ZIP	HUDSON FL		2. 4 CITY-ST-ZIP	SPRING HILL	<u>- Fl</u>	34608		
TITLE	P	DELETE	3.1 TITLE	SID			Change	Addition
NAME	HILLEBRAND, REV P W		3.2 NAME	SR MARY MI	CHABLA	FOELLER		
STREET ADDRESS	10401 SPRING HILL DR		3.3 STREET ADDRESS	2010 ESCOBAR				4
CITY-ST-ZIP	SPRING HILL FL		3.4. CITY-ST-ZIP	SPRING MU	i FL	34608		
TITLE	D	ELETE .	4.1 TITLE				Change	Addition
NAME	VAILLANCOURT, REV K		4, 2 NAME					
STREET ADDRESS	3914 N LIDGERWOOD		4.3 STREET ADDRESS]
CITY - ST - ZIP	SPOKANE WA		4.4 CITY-ST-ZIP					
TITLE	DS	A SELETE	5.1 TITLE				Change	☐ Addition
NAME	CANTER, JIM	'	5.2 NAME					Ì
STREET ADDRESS	5638 OAK RIDGE AVE		5.3 STREET ADDRESS					
CITY-ST-ZIP	NEW PT RICHEY FL		5.4 City-St-Zip					
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME }			6.2 NAME					1
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY-ST-ZIP					
14. I hereby certify that the Information supplied with this filling 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: SIGNATURE PLUCE R. FULKAM 1/6/98 552-683-								

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