

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90023 025 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 771312

1. Corporation Name

OUR LADY OF FATIMA OF SPRING HILL, INC.

\* 1 8 100117 90023 1 25 / \*

Principal Place of Business  
 10401 SPRING HILL DR.  
 SPRING HILL FL 34608

Mailing Address  
 10401 SPRING HILL DR.  
 SPRING HILL FL 34608



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/18/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2556533	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	25	Country	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FULHAM, TERRENCE R. FR 2010 ESCOBAR AVENUE SPRING HILL FL 34608				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	City		
				84	City	85	Zip Code
				SPRING HILL	FL	34608	

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 TERRENCE R. FULHAM (TRENKOR) T.R. Fulham 1/4/99  
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	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FULHAM, REV T.	1.2 NAME	P.D. MOST REV. DANIEL L. DOLAN
STREET ADDRESS	2010 ESCOBAR AVE.	1.3 STREET ADDRESS	11144 READING ROAD
CITY-ST-ZIP	SPRING HILL FL 34608	1.4 CITY-ST-ZIP	CINCINNATI OHIO 45241
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOELLER, MARY MICHAELA	2.2 NAME	
STREET ADDRESS	2010 ESCOBAR AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34608	2.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAILLANCOURT, REV K	3.2 NAME	
STREET ADDRESS	3914 N LIDGERWOOD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPOKANE WA	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: T. Fulham T. Fulham 1/4/99 352-683-9192  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/198)