## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

DOCUMENT # 842375

(8)

THE SISTERS OF BON SECOURS IN THE UNITED STATES, INCORPORATED

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Principal Place of Business Mailing Address							1 100101 2011 01010 11000 111	II IUUUI QIII QFAIL Q	i i ki i i i i i i i i i i i i i i i i	ANANI ANANI MARI
				525 MARRIOTTSVILLE ROAD ARRIOTTSVILLE MD 21104						
							3. Date Incorporated or Qua 01/15/1979	ified 3a.	Date of Last 07/10/19	
2. Principal Pla	ace of Busine	ss	2a. Mailing Ad	ldress			4. FEI Number	•		Applied For
21			26	4			52-0715237		<u> </u>	Not Applicable
Suite, Apt. :			27				5. Certificate of Status Desired Security Securi			
City & State	9		<u> </u>	City & State			6. Election Campaign Finance	ing 🗆		O May Be
<b>23</b> Zip	·····	Country	28		Country		Trust Fund Contribution		•	d to Fees
24	ŀ	25	29	<u>├</u>			This corporation has liability for intangible tax under s. 199.032,     Florida Statutes			
		and Address of Curre					10. Name and Address of N			
				··	81	Name				
GRAY, W	VILLIAM L.,	<b>O</b> I			82	<u> </u>				
ONE SOUTHEAST 3RD AVENUE						Street	Address (P.O. Box Number is Not Acc	eptable)		
		ER,GRAY,POWERS,F	LICK & HOFHI		83					<del></del>
MIAMI FI					L_					
					84	City		F	<b>85</b>   Zig	p Code
11. Pursuant t	to the provision	ons of Sections 617.050	12 and 617.1508, Flo	rida Statutes, the	above-r	named co	orporation submits this statement for the	ne purpose of c	hanging its r	egistered office
or register	red agent, or I	both, in the State of Flor ot the obligations of, Sec	rida. Such change wa	as authorized by th	he corp	oration's	board of directors. I hereby accept the	appointment a	as registered	agent. I am
SIGNATURE	. ,	The stangement of the stangeme								
SIGNATURE _	Signature, typed o	or printed name of registered ager	nt and title if applicable.	(NOTE: Regist	tered Ager	nt signature r	equired when reinstating)	DATE		
12.		OFFICERS AN	ND DIRECTORS		13.		ADDITIONS/CHANGES TO	OFFICERS AN		IRS IN 12
TITLE	PD		₩D	DELETE 1	.1 TITLE		PD		🙀 Change	Addition Addition
NAME		', MARY REGINA		1	.2 NAME		Mack, Sr. Anne Mar	ie		
STREET ADDRESS		RRIOTTSVILLE RD.		1	.3 STREET	ADDRESS	1525 Marriottsvill Marriottsville, MD	e_Road		
CITY-ST-ZIP		ITSVILLE MD			.4 CITY - S	T-ZIP	Marriottsville, MI	21104		
TITLE	SVD		<b>k</b> .∫D	DELETE 2	.1 TITLE		SVD		x Change	Addition
NAME		NNE M SR.		2	.2 NAME		Glynn, Sr. Nancy			
STREET ADDRESS		RE DAME		2	.3 STREET	ADDRESS	29 N. Fulton Ave.			
CITY-ST-ZIP		POINTE MI			. 4 CITY-:	ST-ZIP	Baltimore, MD 2122	23		
TITLE	TD	MANY CATHERINE		I -	.1 TITLE		TD		Change	Addition
NAME		, MARY CATHERINE	: 8		.2 NAME		Eck, Sr. Patricia			
STREET ADDRESS		ENDLY CIRCLE				ADDRESS	5912 Monument Ave.			
CITY-ST-ZIP	UNANLE	STON SC			.4. CITY-	ST-ZIP	Richmond, VA 23226			F A A DOC
TITLE			<u> Г</u>		1 TITLE				Change	Addition Addition
NAME					2 NAME					
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			m <sub>r</sub>		4 CITY - S	T-ZIP			TT Change	- Addition
TITLE			LIV		1 TITLE				Change	☐ Addition
NAME					2 NAME					
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP					4 CITY-S	ir - ZIP			Change	Addition
TITLE			ںں		1 TITLE				☐ Change	T Manuou
NAME					2 NAME	4000				
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				6	4 CITY-S	T-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 Cestion 119 67(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 southave, 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

Asdane M. Mack.
BIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

(1/10) 442-1333

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