

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # **F94000003554 (2)**

1. Corporation Name

**SISTERS OF MERCY OF THE AMERICAS, INCORPORATED**

Principal Place of Business

Mailing Address

**8300 COLESVILLE ROAD, #300  
SILVER SPRINGS MD 20910****8300 COLESVILLE ROAD, #300  
SILVER SPRINGS MD 20910-3267**

3. Date Incorporated or Qualified

**07/07/1994**

3a. Date of Last Report

**04/24/1996**

2. Principal Place of Business

2a. Mailing Address

**21****26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22****27**

City &amp; State

City &amp; State

**23****28**

Zip

Country

Zip

Country

**24****25****29****30**

4. FEI Number

**52-1653282**

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional  
Fee Required**6. Election Campaign Financing  
Trust Fund Contribution☐**\$5.00 May Be  
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MEYERS, JUDITH  
4725 N. FEDERAL HWY  
FT LAUDERDALE FL 33308**

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 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	VD	<input type="checkbox"/> DELETE
NAME	CHIN, MARIE	
STREET ADDRESS	8300 COLESVILLE ROAD, #300	
CITY - ST - ZIP	SILVER SPRINGS MD	

1.1 TITLE	PCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gottmoeller, Doris	
1.3 STREET ADDRESS	8300 Colesville Rd #300	
1.4 CITY - ST - ZIP	Silver Spring, MD 20910	

TITLE	D	<input type="checkbox"/> DELETE
NAME	LOWRY, MAUREEN	
STREET ADDRESS	8300 COLESVILLE ROAD, #300	
CITY - ST - ZIP	SILVER SPRINGS MD	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHIN, MARIE	
STREET ADDRESS	8300 COLESVILLE ROAD, #300	
CITY - ST - ZIP	SILVER SPRINGS MD	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	VERA, MARIE LUISA	
STREET ADDRESS	8300 COLESVILLE ROAD, #300	
CITY - ST - ZIP	SILVER SPRINGS MD	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

TITLE	ST	<input type="checkbox"/> DELETE
NAME	WASKOWIAK, MARY	
STREET ADDRESS	8300 COLESVILLE ROAD, #300	
CITY - ST - ZIP	SILVER SPRINGS MD	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

301-587-0423

Daytime Phone # 0078829

CR2E037 (9/96)