

Entity Name

SISTERS OF MERCY OF THE AMERICAS, INCORPORATED

Principal Place of Business

8300 COLESVILLE ROAD, #300
SILVER SPRINGS MD 20910

Mailing Address

8300 COLESVILLE ROAD, #300
SILVER SPRINGS MD 20910-3296

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

52-1653282

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
VD	CHIN, MARIE	8300 COLESVILLE ROAD, #300	SILVER SPRINGS MD	☐
D	LOWRY, MAUREEN	8300 COLESVILLE ROAD, #300	SILVER SPRINGS MD	☒
PCD	GOTTEMOELLER, DORIS	8300 COLESVILLE ROAD #300	SILVER SPRINGS FL	☒
D	VERA, MARIE LUISA	8300 COLESVILLE ROAD, #300	SILVER SPRINGS MD	☐
ST	WASKOWIAK, MARY	8300 COLESVILLE ROAD, #300	SILVER SPRINGS MD	☒
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
President				☒	☐
		900003217469-1	-04/20/00-01105-003	☒	☐
		*****61.25	*****61.25	☒	☐
D	Carney, Sheila	8300 Colesville Rd Suite 300	Silver Spring MD	☐	☒
Vice President	Burns, Helen Marie	8300 Colesville Road Suite 300	Silver Spring MD	☐	☒
				☐	☒
Treasurer	McDermott, Patricia	8300 Colesville Road Suite 300	Silver Spring MD	☐	☒
				☐	☒
				☐	☒

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/00

(301) 587-0423

FILED

00 APR 10 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E037 (9/99)